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11		01786 .	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 2120)1
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F S C S E		22b. SIGNATURE				22c. DATE/SIGNED
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	02787 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	01778
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	(Type or print) Issuer ALLEN JANUARY	Year 7 7
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	MALE TRANCO 2-13-1878 last bighdgy) YRS. MAN	NTHS DAYS HOURS MIN
70	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	Salisbury reminsula General Hospital	INDUSTRE
13	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE (1/2) 13b. COUNTY 125 + PAN 1 BON 2	
느	The state of the s	
14	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
L	hevin HITEN CHARIOTIA COTTINE	
10	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT P.A. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 Abuhrah
=	PHINNIE TITTEN CHIPP	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND GEATH
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ш	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove }	
	rise to immediate cause (a).	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20u. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSI CAUSES OF DEATH? 21u. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED. (Enter nature of injury in Part 2, teams	DERED IN CERTIFYING
-	YES NO CAUSES OF DEATH?	
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DICA	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year [If either, natify medical examiner] P.M. 19 234 INDURY OF LIDER D. A.M. DIAGE OF INJURY AND HOME FARM STREET FROMEY) 234 INDURY OF INJURY OF INJURY AND HOME FARM STREET FROMEY) 234 INJURY OF INJ	
AAL	21d. INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town OFFICE BUILDING, ETC.	aunty State
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	22a. I certify that (1) (this hospital) attended the deceased from	, thor(ID(we) lo
	saw the deceased alive an	ona naur and tram th
	22b. SIGNATURE *	SIGNED
	Color - DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR 1 -	7-68
	22d. PHYSICIAN'S MAMAC (Tune) 22e. ADDRESS	
	NAME (Type)	
23	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (CREMATORY 23d. LOCATION (CITY or Town) (CREMATORY)	County) (State)
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6	24. FUNERAL DIRECTOR Solley Street, St. Address John St. Registrar's Signature of the Solley Street, St. Registrar's Signature of the Solley Solley Street, St. A. 12 1968 Schools	a Cudate
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MAKTLANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01788 01779 CERTIFICATE OF DEATH DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 hours after death. and Month 13 (Type or print) 68 Year Ballard Day 8:25pm signed by the attending physician and campletely filled in by the funered burial-transit permit. Then please remave carban papers. Pages I and burial, cremation, ar remayal, and in any event, within 72 haurs after bear William 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years LF UNDER 1 YEAR IF UNDER 24 MRS. last birthday) MONTHS E DAYS HOURS Colored 3-17-1877 Male YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote, or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico DIVORCED [WIDOWED S give street address) Head State Hospital Popularing most of working life, even if retired.) 10. CITY OR TOWN OF DEATH 2b. Kim 12b. KIND OF BUSINESS OR Salisbury 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Md. 13b. COUNTY Somerset Pocomok 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE Md. Pocomoke No 🔀 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no for (unknown) (If yes give wer or dates of service) Elsie Torine 1605 N. 15th St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Tracheo Bronchitis 72 hours DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Chronic Pyelonephritis years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-tran shauld be filed with the State Dept. af Health priar ta burial, crei stoting the underlying cause (c) Nephro-Lithiasis vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Carcinoma Prostate- Generalized Metastases- Paraplegia 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from January 23, 1967, to January 1319 66, that (I) (we) lost saw the deceased olive on January 1319 60, and that in (my) (our) opinion death occurred on the date and hour and from the (couses stated above, (1) (we) (did) (did not) view the body ofter death. 220 JIGNAJURE ATTENDING MED. DIRECTOR PHYS. Deer's Head State Hospital 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Salisbury, Maryland Charles H. Winnacott, 23b. DATE 23g BURIAL, CREMATION 23c. MAME OF CEMETERY OR CREMATORY 23#: OCATION (City or Jown) REMOVAL (Specify) ocomoke 24. ELINERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE W Church, Va. DJAN 18 1968 30M REV. 1/68

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	CERTIFICATE OF DEATH 01							
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01781 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF OFATH 2b. HOUR deoth. deoth. and uneral (Type or print) Day 50 M hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGP (In years HOURS emale YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MARRIED country) Wicomico Dapèrs hin 72 l DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hostifitatt of working life, even if retired.) Salisbury 3 carbo comprisely buriol, cremation, or removol, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the deoth certificate be executed admission) STATE 13b. COUNTY YES NO C17 14. FATHER'S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown). 57. 60015 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PRIVEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) 219. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d. INJURY OCCURRED Street or R.F.D. No. City or Town County State While Not while 22a. I certify that (1) (this haspital) attended the deceased from 19 6 %, and that in (ray) (our) opinion deoth occurred on the date and hour and from the saw the deceased alive on___ 3 should causes stated abave. (1) (we) (did) (ald nat) view the bady ofter death. 22b. SIGNATURE 22c. OATE SIGNED STAFF DEGREE DIRECTOR PHYS. director, page should be filed PHYSICIAN'S 22e. ADDRESS FUNERAL NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION (County) RENEEMER LTINORE 24. FUNERAL DIRECTOR 25o. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 30M REV, 1/68

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	11	MARYLAND STATE DEPARTMENT OF HEALTH						
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1783					
(INI	CERTIFICATE OF DEATH							
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d cc	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost					
be ex and e rem		Jessie Bradley Octavia Bennett						
e deoth certificate b ottending physician permit. Then please on, or remaval, and		Yes, no, or unknown) [1] yes gays wer or dates of service) [1] Luke Shockley, Mandela, Md.						
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equires physicio signed buriol-tr		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)						
ng a	_	571						
law re anding been been ts the	AT0	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERE	D IN CERTIFYING					
The atternation of the property of the propert	CERTIFICATION	YES \(\tau \) NO \(\subseteq \) CAUSES OF DEATH?						
I or u ore		The state of the s						
YSICIAN: ospital or certificate thed for u	MEDICAL	Granting Cause of DEATH HOUR A.M. Manth Day Year						
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after degree 4 may be retained by the hospital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely filled in by the funefall director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 oritish should be filled with the State Dept. of Health prior to buriol, cremation, or remayal, and in only event, within 72 hours after death	M	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County of work at work	y State					
ING by t ffer be d	L	22a. I certify that (I) (this hospital) attended the deceased from TAN 6, 19 68, to JAN 11, 19 68, saw the deceased alive an SAN 11, 19 68, and that in (my) (con) apinion death accurred an the date and	, that (i) (we) last					
ed Les Alles She	ш	saw the deceased alive an attack 11 1962, and that in (my) (our) apinion death accurred an the date and causes stated abave, (I) (we) (did) (didnet) view the bady after death.	haur and fram the					
TY rio in the	П		NED					
OR / DIREC		A TO THE PERSON OF THE PERSON	1-68					
AL AL Oy by		22d. PHYSICIANS 22e ADDRESS A A AI						
TO HOSPITAL OR ATTEND Poge 4 moy be retoined TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the S		NAME (Type) PINC Bluf Road, SALISBO	URY Md.					
FUN PORT OF THE PO	230	BURIAL, CREMATION, 236. DATE 23c NAME OF CEMETERY OR CREMATORY / 23d. LOCATION (City of Town) (Count	ty) (Stote)					
5 5 5 5 V	L	BUXXXXXIV 1/13/1968 Mardela Cemetery Mardela, Md.						
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATU	RE Ouder					
30M REV 1/68	L	NEWNAM FLINE RAL HONE, Sharptown, Md. DATE JAN 15 1968 general	10					

· 107 4. . . 4,7

1	MAKTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		1784
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month D	Day Year 2b MR
S 0 8 6	(Type or Print) DIANA 21 LYNN BRAMBLE OF ESTI- DEATH MATED _ Jan 2	28 16811:50
deloy and 3 (3. Po	3 SEX 4 RACE S DATE OF BIRTH 6 AGE in years F JNDER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD lost burindey) MONTHS DAYS HOURS 1 Min Months	2d DiguR
	1000000	Year 68 11:50
_ E e e	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH 100	PM
\$ \$ \$	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR NSTITUTION (If not in bospita, 1/2m USUAL OCC. PATION (Kind of work done 1/2	2b. KIND OF BUSINESS OR
offer deoth 8. Give Poges olong with for with the State leoth.	Salisbury Peninsula Gen. Hospital during most of worsing life, even that red) the	Toral School
offer 8. Giv olong with the	13a USUAL RES DENCE (Where deceased liver of institution, Residence hefore) 13c (1TY OR TOWN) 136. NISIDE CTY JMJ52 13e, STREET AND NUMBER	TOMAL DOMO
	odmiss an) STAMaryland 13b (OUNTY Wicomico Salisbury VESX NO 1 401 Elmwood	Street
hin 24 hours nai in Item II niner's Office pages Tond2.	14. FATHER'S NAME Erst Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 in lin liris (ris (William Brice Bramble, Jr. Helen Hard	ling
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or dates of service) 17 INFORMANT (Father) ADDRESSOL H. Mr. Brice Bramble, Jr. Salish	Imwood St.
be executed with perding in period of Exor in perding in period Exor insit permit file event within 72		APPROX.MATE INTERVAL
executed anding in Medical E t permit if	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY MM-DIATE CAUSE (a) Broncho-pneumonia	48 hrs.
e executing of Med consist permit with with	MMEDIATE CAUSE (o) BY OTICITO - DITEMMONTAL H 5 5 X DUE TO, OR AS A CONSEQUENCE OF	40 111 30
be "pe "pe nief onsit	Canditions, if any, which gave nse to immediate couse (a). (b)	
ould vord ne Ch as-tro any	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed ne word "pending to the Chief Med col burial-transit permit in any event within	lost. (c)	
ate g ff ed t	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0)	
certifi orward orward used o moval,	Congestion and oedema brain 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This certificate, writing be forward of be used of cermoval.	190 DATE OF OPERATION 210 DATE OF OPERATION	
- D 0	21a EXTERNAL CAUSE WAS 21b. TIME OF NURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury 14 Part 2, Item HOUR & M	1 18)
vertific certific hould b iles. should tion, or	CAUSE OF DEATH P.M 19	
AMINER: e the certi e 4 should our files. age 3 shou cremotion,	21d NJURY OCCURRED 21e PLACE OF INLURY (At home, form, street, white mot white mot white foctory, affice building, etc.)	County State
	AT WORK AT WORK	
DEPUTY CALL E) reessory, please execut e funeral directar. Page may be retained for y FUNERAL DIRECTOR: P	22a. I certify that I taak charge of the remains described above, held an Autopsy. Inspect on E., Inquiry E.,	and in my apinian
please director retained DIREC	death resulted fram: Natural causes A, Accident , Suicide , Homicide , Undetermined manner	
y, ple eral di be rett Di RAL Di prior	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SM	GNED
EPUTY issory, p funeral ay be r in prid	DEPUTY MEDICA. EXAMINER XX January	31 /1968
TO DEPUTY necessory, the funera 5 may be TO FUNERA Heolth pr	NAME (Type) Dr. Frill A. Insley, Ito E. Macket (Street, cty, town, or county) Salisbu	ry,Maryland
0 = + 2 O ±	230 BURIAL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (State)
* ~*	Burial Jan.31,1968 Wicomico Memorial Park Salisbury, Wicomico Memorial Par	SOME COSTAGE
VR A15ME (5)	Holloway & Company, Salisbury, Maryland EB 2 1968	es Judges
10M REV 1/6B		

		S. 8. 1	DIVISION OF VITAL RECOR			E, MARYLAND 212	:01	
		12784		CERTIFICATE	OF DEATH		0.1785)
death.	-{1	CEASED-NAME First ype or print) Mami	e Ed, th	BRIGHT	MAN J	DATE OF DEATH Month ANUARY	Day 14ear 6 1968	25. HOUR
the function of the results of the r	3 5	EMALE	hhit E	S. DATE	OF BIRTH 190	6 AGE (In year last Birthday)	YRS. IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
24 hours.	(au	SIRTHPEACE (State or foreign Webraska	7b. CITIZEN OF WHAT COUNTRY?	<u> </u>	DIVORCED W	icomico		Md.
within 24 filled ban pope within 77	ء ا	alisbury	grve street oddress)	R INSTITUTION (If not in hosp	Hoenitel	UPAT ON (Kind of work THOUSE EVENITY	ired) INDUSTRY	USINESS OR
ecuted with completely ove corbar y event, wi	<u> </u>		13b COUNTSOMERS			RFD. #3		
be ex on and ise rem	L	ATHER'S NAME Charl			R'S MAIDEN NAME First	4	Snyderw:	
th certificote be ling physicion o Then please removal, ond tr		WAS DECEASED EVER IN U.S. ARP es, na, or unknown) (1f yes give v	MED FORCES? Nor or dates of service)	IT INFORMAN James	Brightman	,RFD.3 Pr		
eath ce ending nit. Th		1B. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	lly one couse per line for (o), (b), one D BY: ATE CAUSE (a)	ileual	Theom	doses	BETWEEN ON	ATE INTERVAL SET AND DEATH
t the death the attendi sit permit. nation, or re		Canditions, if any, which gave rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE					
equires that the physicion. signed by the burial-tronsit burial, cremati		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF				
v requi	Z.	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART I(o)		
The low rottending optending hos been se os the th prior to	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WA		AUTOPSY?	20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN CEI	RTIFYING
ICIAN: pital or trificate d for u of Heoli	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN ☐ or contributing ☐ cause of deal (If either, notify medical exami	HOUR A.M. Month Doy 'ner) P.M.	21c HOW INJUR	Y OCCURRED (Enter notur	e af injury in Port 1 or P	ort 2, Item 18.)	
PHYS he hos this ce detache e Dept.	WE	21d. IN. JRY OCCURRED 21e. While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	_ ,	Street or R.F.D. Na	City ar Town	County	State
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours stained by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carban papers. Point the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ith the State Dept.		22a. I certify that (I) (the saw the deceased a	is haspital) attended the dec live an e, (I) (we) (did) (did nat) view	eased from	, 19 <i>@</i> , n (my) (aur) apinian	ta	, 19 <u>C</u> ×, that(he date and haur a	(I) (we) last nd fram the
DR ATT RECTOIN 3 sharth d		22b SIGNATURE	(A) (CAA)	0	TENDING DIRECTO	STAFF C	22c. DATE SIGNED	8
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the place of the		22d. PHYSICIAN'S NAME (Type)	UR R. ELLI:		. ADDRESS	111130		•
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	23a Br	BURIAL, CREMATION, 23b.		of cemetery or cremator Andrew's I		LOCATION (City or Town	Anne Some	MGe) erset
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR James L.		RESS	250 RECID_BX_REG	1968 REG	Constitution of the state of th	ige.

MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH (Type or print) FRANCIS LAIRD BROWN January 15 Day 1968 25 DATE OF BRITH Month FRANCIS LAIRD BROWN January 15 Day 1968 26 BROWN January 15 Day 1968 27 CHIZEN OF WHAT COUNTRY WOOMTD DIVORCED OUTH OF DEATH WOOMTD DIVORCED OUTH OF DEATH WOOMTD DIVORCED TO COUNT OF DEATH WOOMTD TO COUNT OF DEATH TO COUNT OF DEATH WOOMTD TO COUNT OF DEATH	- 1
DECEASED NAME (Type or print) FRANCIS LAIRD BROWN January 15 1908 20 1908 21 1908 21 20 20 20 20 20 20 20 20 20 20 20 20 20	1
SEX A RACE S. DAIE OF BIRTH Day Year 15 1968 White S. DAIE OF BIRTH February 19, 1897 S. DAIE (In yours 19, 1897 S. DAIE (In your	1 D
Male Male White Marker S. DATE OF BIRTH February 19, 1897 Output of Birth Month of More Death USA Windows D. Inverse Marker D. Windows	
Male Male Marker Date (Store of foreign country) Mew Jersey USA MUCOMICO OCHY OR TOWN OF DEATH Salisbury Salisbury MICOMICO OCHY OR TOWN OF DEATH Salisbury MICOMICO OCHY OR TOWN OF DEATH Salisbury MICOMICO OCHY OR TOWN OF DEATH Salisbury Il NAME OF HOSPITAL OR INSTITUTION ((I find in hospitol give street oddress) Mary land Mary land Mary land Mode Lost A FATHER'S NAME First Mode Lost Is. MOTHER'S MAIDEN NAME First Micomico Salisbury Mary land Mary land Mary land Mary land Mode Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Mary land Mary land Mary Heart Mary land Mode Lost Is. MOTHER'S MAIDEN NAME First Middle Mary Heart Mode Is. MOTHER'S MAIDEN NAME First Middle Mary Heart Mode Is. MOTHER'S MAIDEN NAME First Middle Mary Heart	3. SI
New Jersey USA WICOMICO DIVORCED D	
New Jersey USA Note	
Salisbury gove street oddress) Nursing Home Retired Carpenter Constructi	
30. USUAL RESIDENCE (Where decessed lived, if institution: Residence before Institution: Institution: Residence Before Institution: Institution: Residence Institution: Institution: Institution: Residence Institution: I	10. (
A FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Albert Brown Heart	
Albert Brown Mary Hearn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (It pris grow was not declared of service) 16b SOCIAL SECURITY NO. 17. INFORMANT Nrs. Esther M. Brown (Wife) Salisbury, Md. 14-10-7376 Nrs. Esther M. Brown (Wife) Salisbury, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF	ווינוט
166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (11/yes, grow ward or despect serves) 166 SOCIAL SECURITY NO. 214-10-7376 17. INFORMANT Mrs. Esther M. Brown (Wife) Salisbury, Md.	14.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o). PART 2 OTHER SCHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SCHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PORT 2 OTHER SCHIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH? POR CONTRIBUTING CAUSE OF DEATH? HOUR A.M. Month Day Yeor P.M. 19 21d. NULLWY OCCURRED WAS UNDERLYING OFFICE BUILDING, ETC. White Not while Not while of Not work of Not of	<u></u>
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ong (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING	
OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While of Work while of twork of Work at Work while of twork of Work while	NO.
OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While of Work while of twork of Work at Work while of twork of Work while	TIFICATIO
White Not while of work of wor	
saw the deceased alive an	W.
22b. SJERRATURE DEGREE PHYS. DEGREE PHYS. DIRECTOR STAFF January /7 /1	
226. ADDRESS' NAME (Type) Dr. E. M. Beardsley 220. ADDRESS' 207 Maryland Ave., Salisbury, Md.	
230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (County) (Stote	230
REMOVALISPECTY Jan. 18, 1968 Parsons Cemetery Salisbury, Wicomico, Mary	
24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE JAN 19 1968 20 CHARLES Under	24



- 1			STATE DEPARTMENT OF HE		
1	0.786	DIVISION OF VITAL RECORDS, 30	DI W. PRESTON STREET, BALTIN RTIFICATE OF DEATH		01787
1.0	DECEASED NAME First	Middle	Losi	20 DATE OF DEATH	
	(Type or print) MYRT		CALHOUN	January 2	1968 12:50
3 . S		4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	November 13,		MIM ZAUDH ZYAG ZHINDM
7a	BIRTHPLACE (State or foreign 7)	b. CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED 9.	COUNTY OF DEATH	
(00	Maryland	USA	WIDOWED DIVORCED D	Wicomico	M
3 10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTIT	UTION (If not in hospital 12a USUAL	OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR INDUSTRY
/ _	Salisbury	Peninsula Gen	eral Hospital Secre		Retail Store
.d.] 13α adπ	nissran) STATE	lived, if institution: Residence before 13 13b. COUNTY	VEC TO NOT	_	
14	Maryland FATHER'S NAME First	Middle Lost	De 1 mar TEL NO B		
1 17%	William	Scott Outten	Maggie	Emi 1 y	Richardson
160	WAS DECEASED EVER IN U.S. ARMEE	FORCES? 16b. SOCIAL SECURITY NO.	17 INFORMANT (Husband		
	Yes, no, or unknown) (If yes give war o	pr diates of service] 222-16-4892	Mr. Edwin C. L.	C - 11-	elmar, Maryla
	18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c))	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED E	CAUSE (0) Received	may Encle	allen	1 haul
	450	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which gave a rise to immediate cause (a),	(b)			
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	DADE 2. OTHER SIGNETICANT COND.	(c)	BELATED TO THE TERMINAL DISEASE OR ON	IOTION CIUTE IN SART I/-1	
	460	HON TON INDUING TO DEATH BUT NOT	KEDATED TO THE TERMINAL DISEASE OR COR	IDITION GIVEN IN PART I(0)	
CERTIFICATION	19a DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PERFO	RMED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
1 1			YES 🕅 NO 🗀	CAUSES OF DEATH?	
		21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter n	ature of injury in Part 1 or Part 2, It	em 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH				
1	21d INJURY OCCURRED 21e PL	ACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	(1) 21f LOCATION Street or R.F.D. No.	City or Town	County State
	at work at work		100	7 . 1	
	22a. I certity that (I) (this	haspital) attended the deceased	trom 1 4- , 19 (12)	an death accurred on the dat	that (1) (we) la
	causes stated above,	(I) (we) (did) (did not) view the bo	dy ofter death.	an dodni accomed an ine adi	c and flags and right is
	22b. SIGNATURE	1-0(ATTENDING - MED	STAFF C 22c. D.	ATE SIGNED
	CESCULO	u D. Guran		CTOR PHYS. Jane	uar-y <u> </u> /1968
	22d PHYSICIAN'S NAME (Type) Dr. Wi	1ber R. Ellis, Vr.	22e. ADDRESS Medical Cent	ter, Salisbury, N	Maryland '
230	BURIAL CREMATION, 23b. DA			23d LOCAT ON (City or Town)	(County) (State)
N.	Burial Jan.	i.	rian Church Cemete		
*M	FUNERAL DIRECTOR	ANY, SALISBURY, MA	250 RECD BY	REGISTRAR 256 REGISTRAPS	GNATURE Quality
`l	HOLLOWAY & COMP.	MH , SALTSBOKI, MH	RILAND DATE JAI	8 1968 Acces	1



1/2		MARYLAND STATE DEPARTMENT OF HEALTH OF JUNE 101 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEATTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b Hoole
ent of coge		VARIER DEATH MATED JAN 29 168 47.M
y dela one :	13.5	S DATE OF BIRTH 6 AGE (1- years IF JADER 1 THAN DORY THAN IN JOHN DOY) AND HOURS MIN MONTHS DAY AGE TO DATE PRONOUNCED DEAD MONTHS DAY DOY 29 YEAR AND DOY 29
ny 2, 2, epar		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
es l form	L	Md. Widowed Divorced Wicomico Md.
INER: This certificate shauld be executed within 24 hours after death ny delay be certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be farwarded to the Chief Tedical Examiner's Office Itams with farm PT3. Potalles 3 should be used as a Turial-transit permit. File pages Land 2 with the State Department nation, or removal, and in any event within 72 hours after death.	5	11. NAME OF HOSPITAL OR MISTITUTION (if not in hospital like of Suat Occupation (Kind of work done like Kind of educines or all aluming matching ma
rs after 18. Giv 18. Giv 18. Giv 2 with death.		USUAL RESIDENCE (Where deceased ved, finistitution Residence before 13c CITY OR TOWN 3d WISIOE CITY LIMITS? 13e. STREET AND NUMBER denission) STATE Laryland to COUNTY wicomico Willards YES NO Root # 50
24 hours in Item 18 ris Office 1 es Tand 2 v	[4, [ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 h in th is 0 is 1c		Mathias W. White Lartha Ellen Haddock
within 24 pencil in xaminer's ile pages 72 haurs	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (Hyes give mor or doines of service) XX
with perfect from Perfect File	-	
executed nding" in edical if permit.		PART DEATH WAS CAUSED BY:
exected and in minding the mind in the minding the min		Due To, OR AS A CONSEQUENCE OF
be pe phef phef ansil		(and thans, if and, which gove) (b). Arterioclistic heart desires
shauld be executed with a ward "pending" in perithe Chief Medical Exarturial-transit permit. File in any event within 72		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
he very to the t		(c)
This certificate shauld be executed cate, writing the ward "pending" in be farwarded to the Chief Medical E I be used as a Noial-transit permit. For removal, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0)
ertif writt rwar rwar sed naval	CERT FICATION	190 DATE OF OPERATION 190 CONDITION FOR WATCH OPERATION 20 AUTOPSY?
his one, e fa	RT FIG	1-13-68 WAS PERFORMED? Fracture at ferrer YES NOW
AL EXAMINER: This certificate, writexecute the certificate, writing your files for your files TOR: Page 3 shauld be used urial, crematian, or remova	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PM 19 21c. HOW INJURY OCCURRED (Effer nature of injury in Part 1 or Port 2, Hem 18) PM 19
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LeCATION Street or R F D No City of Town County Stote
cal Exami execute the ar. Page 4 ad for your CTOR: Page buriol, crem		WHIE DOT WH. E. Todory, office by ding etc) Willards. Met.
Xec. xec. year for for for riol,		22a certify that I took charge of the remains described abave, held an Autopsy, Inspect on, Inquiry, and in my opin an
0 0 2 1 2		death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner
		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNED
RAIN PLA		SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2-5-68
O DEPUTY necessory, p the funeral S may be r O FUNERAL Health pr.a.		NAME (Type) I he had bestern ADDRESS(Street city, town, or county)
5 5 ± 2 5 ±	230	BUR AL CREMATION, 236 BITE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Q	24	FUNERAL DIRECTOR A / ADDRESS 250 RECD BY REGISTRAR 250 REG
VR A15ME (5)	1	Leter Whaley Selbewille Del, DATE FEB 8 1968



1 1		MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1789
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWNET Month	Doy Yeor 2b HOUR
S 0 0 5	,	Type or Print) Preston Lee Corbin DEATH MATED 7 - 7	9-68192-50PM
E TO TE	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
		M C Dec. 5 1913 5), YRS	. Year 19 6 1 8 E.M
- E B		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
offer for	10 /	THY OR TOWN OF DEATH IT NAM. OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
r death ye Page g with the Stor	10 1	give street address) during most of working life, even if retired.	INDUSTRY
Cive on g	.30	Ountico Unitico R.F.D. I Labor USUAL RESIDENCE (Where deceosed ved, finshiption Residence before 13c. CITY OR TOWN 13d IMSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s ofter 18. Giv e olong 2 with death.		dmission) STATE ryland 13b (OUNTY icomico Salisbury YES) NO R.F.D.	
24 hours ofte in Item 18. Gi r's Office oloni es Tand 2 with	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 ± 24 ± 1		Ollie Corbin Mary Ric	ketts
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 6s, no, or unknown) (If yes give wear or dates of service) 17. INFORMANT ADDRESS	Del.
I within n pencil Examine File pag		No Livry Biving 121 Dolmar Pl :	ilmington_
be executed wrt "pending" in pe nief Medical Exar ansit permit. File event within 72		18 CAUSE OF DEATH (Enter only one couse per ine for (o), (b), and (c)) PART DEATH WAS CAUSED BY	BETWEEN DIST AND DEATH
xecting inding wheel whe		710. 9 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF	and the same
be e 'per risit		Conditions, if only, which gove	
ord ord e Ch		rise to immediate couse (a), (D). Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e he word "per to the Chief I burrot-transit I in ony even		last. (c)	
\$ F F F F F F F F F F F F F F F F F F F		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
riting riting rarder rarder rarder vot, a	NOI	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, writing forwar be forwar be used be used	CERTIFICATION	WAS PERFORMED?	YES WO
MINER: This the certificate, 4 should be four files. e 3 shauld be us motion, or ren	CERTI	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature, of injury in Port 1 or Port 2, Ite	
INER: The certification of tank or the certification of the certificatio	MEDICAL	PRIMARY FOR CONTRIBUTING DE LA HOUR A M. 1-19 1960 Fell Contribution De La	ty say sycams
KAMINER: te the certi ge 4 should your files. age 3 shaul cremotian,	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R PQ No City or Jown	Carumy O Septe
5		WHILE AT WORK AT WORK CONTROL OF COLOR COL	no had
AL Execution Por For OR:		22a certify that took charge of the remains described above, held an Autopsy 📆, Inspection 📆, Inquiry 💢	and in my opin an
se escronned		death resulted from. Natural couses . Acc dent . Suicide . Homicide . Undefermined manner .	
please direct direct DIREC		ACTUAL CHIEF MEDICAL EXAMINER 22b DATES	TENED
UTY Dry, De be Pri		MONATURE TO A STATE OF THE STAT	22=68
necessary, please execute the funerol director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) LOC Consider M.D. ADDRESS(Street, city, town, or county)	22-00
10 the	23a	BURIAL, CREMATION 236 DATE 236 NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
	_	REMOVAL(Specify) Burial 1/24/ 1968 Green Acres Salisbury :ico	mi aa Ma
VR A15ME (5)	124	FUNERA, DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRARS 3	GNATURE VICESC
10M REV 1/68	UX	interior Stewart Salis and, DATE JAN 29 1968 6	0 0

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01790 CERTIFICATE OF DEATH First 1. DECEASED-NAME Middle last 20. DATE OF DEATH 2b. HOUR after death. deoth, (Type or print) Month Willie anuary :15PM Creasy TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last Repdoy) May 11, 1889 MONTHS ! DAYS HOURS White Female requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Tennessee U.S.A. WIDOWED IX DIVORCED [Wicomico 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Teer Perestead State Hospital during most of working life, even if retired) Housewife INDUSTRY Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CRY JMHS? 13e. STREET AND NUMBER odmission) STATE Maryland 13bSomerset NO X Pocomoke YES [] R.F.D. IS. MOTHER'S MAIDEN NAME First 4. FATHER'S NAME First Middle Lost Middle George Klepper Sarah Sizemore Anne 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) None O. L. Creasy, Westover, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Edema 41300 DUE TO, OR AS A CONSEQUENCE OF 18 Hours Conditions, if any, which gave) Broncho Pneumonia rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or attending physician. storing the underlying couse (d) Hypertensive Arteriosclerotic Cardiovascular Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Dq. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NOT 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not'fy medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from Octo 9 , 19 67, to vano 13 , 1968 , that (I) (we) last sow the deceased give an vano 13, 1968 , and that in (my) (our) opinion death-occurred on the date and haur and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 225. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR **I/13/68** BEGREE PHYS. -22e. ADDRESS 22d. PHYSICIAN'S Deer's Head State Hospital, Salis., Md. NAME (Type) Charles H. Winnacott, M.D. 23c. NAME OF CEMETERY DE CREMATISEX. 23d LOCATION (City or Town) 23b. DATE 230 BUR AL CREMATION (County) (Stote) BUREMOVAL (Specify) 1-19-1968 Highland Cemetery Rogersville-Hawkins-Tenn. 25b REGISTRAR & SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR VR A15 (4) 1968 Pocomoke City, Md. DATE 30M REV 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPAKTMENT OF HEALTH



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and Commen	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
, ,	CERTIFICATE OF DEATH							
Elimen E	1 D	ECEASED-NAME First		Middle	Last	20	D. DATE OF DEATH	25 HOUR
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7 22	3. S	X	4. RACE	14 11 16 4	5 DATE OF I	BIRTH	6. AGE (in years	F JADER I YEAR F JADER 24 HRS
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- F.B	7a	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8 MARRIED NEVER MA	ARRIED 9 C	DUNTY OF DEATH	
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	10	CITY OR TOWN OF DEATH	11 NAMI	OF HOSPITAL OR INS	TITUTION (If not in hospitel	126 USUAL OF	C. PATION (Kind of work done	12b KIND OF BUSINESS OR
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ate be executed with icion and completely ilease remove carbon and in any event, with	13a odm	USUAL RESIDENCE (Where deceasission) STATE	13b. COUNTY			136 INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	
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ate be icion c leose and ir	160	Ebeneze WAS DECEASED EVER IN U.S. ARN		b. SOCIAL SECURITY N				parci
ertificate b physicion ten pleose	100	(es, no or unknown) (If yes give w	at or dates of service)	D. SOCIAE SECURITI II	Mr. Walt	er C. And	erson(Nephew)	v. Marviand
The po		18. CAUSE OF DEATH (Enter on	y one cause per line t	for (a), (b), and (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hot Transi		rise to immediate cause (a), ((b)	A CONSEQUENCE OF	0,000,7-			7 3
physicion. physicion. signed by burial-trar		stoting the underlying couse last.	(c)	S CONSEQUENCE OF	Eniph	magger	a broughting with	mileans
equi phy sign buri		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	
w r ding een een the r to	종							
O HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or attending physicion. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 trads after	CERTIFICATION	19g. DATE OF OPERATION 19b.	ONDITION FOR WHICH	OPERATION WAS PER	FORMED 200. AUT		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
or or use		21a. ACCIDENT WAS UNDERLYIN					ore of injury in Port 1 or Port 2,	Item 18.)
CIA ital iffice iffice of He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		Manth Day Yeor 19		•		
YSI nosp cert chec	꾶	21d INTURY OCCURRED 21e		HOME FARM, STREET, FACT FICE BUILDING, ETC		eet ar R F.D Na	City or Tawn	County State
IDING PHYSICIAN: 1 4 by the hospital or After this certificate 1 be detached for us 5 stote Dept. of Healt		While Nat while at work						<u> </u>
by frer be Stot		22a. I certify that (I) (thi	s hospital) otteno	led the decease	d fram	, 1968	, ta <u>/-8</u> , 19.	68, that (I) (we) last ite and hour ond from the
OR ATTENDING be retained by th DIRECTOR: After t ge 3 should be de led with the Stote		saw the deceased al causes stated above	(I) (we) (did) (#	(view the	/, and that in (n	ny) (our) opiniar	deoth occurred on the da	te and hour ond from the
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OR 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Gracia	C. Vist	Robertal	DEGREE PHYS.	ING MED. DIRECT	OR STAFF	-8-68
AL D		22d. PHYSICIAN'S		- 11	22e. AD		00-4	0 0- 20.1
Fage 4 moy be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) JOSE F	h C. F	ITZAE	PALO	11/000	real centre	Josestanding,
HO Full	23a.	BUR AL, CREMATION, 23b. [EMETERY OR CREMATORY		d. LOCATION (City or Town)	(Caunty) (State)
5 5 5 P		REMOVAL (Specify) Burial Jai	<u>10,1968</u>		d <mark>s, Cemeter</mark> y		Villards, Wicom	nico, Maryland
VR A15 (4)	24.	FUNERAL DIRECTOR		ADDRESS		25a. REC'D BX NE	STAD 1968 REGISTARE	HENAUE Junge
30M REV 1/68		HOLLOWAY & C	OMPANY, SA	ALISBURY,	MARYLAND	DATE		00



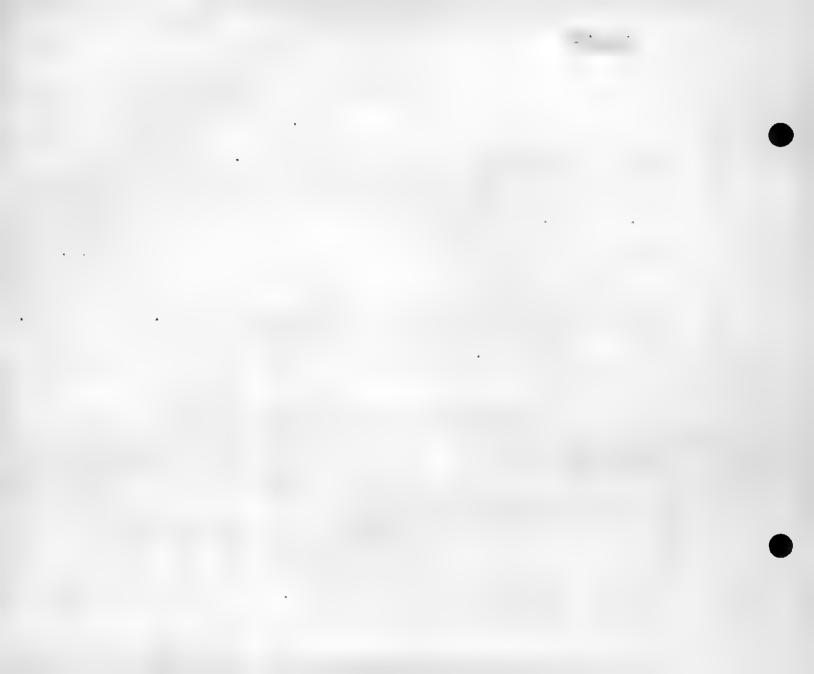
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01793 CERTIFICATE OF DEATH M.ddle Lost 2a. DATE OF DEATH DECEASED NAME First 2b. HOUR (Type or print) MADGE ROSS burial-Iransit permit Then please remove corbon popers. Pages T burial, cremation, or removal, and in any event, within 72 hours after S DATE OF BIRTH 3 SEX 4. RACE 6 AGE (n years IF HINDER I YEAR last birthday) 1902 May 6. requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Countryland Wicomico completely filled in U.S.A. DIVORCED [WIDOWED [77] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND DE BUSINESS OR General Hospingal of working life, even if retired.) INDUSTRClothing Perrirey la Salisbury Pactory 130 USUAL RESIDENCE (Where deceased lived if institution. Residence before \$13c CITY OR TOWN 194 INSIDE CITY LIM TS? 13e, STREET AND NUMBER 13b. COUNTY orcester odmyssion) STATE Mary Land No F 603 Second Street Pocomoke 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Lost Charles Ellis Tda Ross 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 219-05-933 Maddox. Pocomoke Annie 18 CAUSE OF DEATH (Enter only one couse per line (es.(o), (b) and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of miury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify med col exominer) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION 21d. INJURY OCCURRED State Street or R.F.D. No. City or Town County While Not while at work 220. I certify that (1) (this haspital) attended the deceased fram. and that in (my) (our) apinion deoth occurred an the date and hour and from the saw the deceosed olive on ____ causes stated above, (1) (we) (did) (and not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Gilmore Salisbury. Maryland 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) 23a BURIAL CREMATION PREMOVAL (Specify) Pocomoke City-Wor .- Md. First Bartist 1968 REGISTRAR S SIGNATURE 250. REC'D BY REGISTRAR DATE JAN 22 ADDRESS FUNERAL DIRECTOR Pocomoke City, Md. 30M REV 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 71803 01794 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deot unerol 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY li comi co MARYLAND Marvland "icomico Poges b City OR TOWN (If outside corporate limits. c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fawn) physician and completely filled in by the c LENGTH OF STAY IN 16 requires that the death certificate be executed within 24 hours aft write RURAL and give necrest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street address) Enlichury papers. hin 72 hc d. STREET ADDRESS 8 IS RESIDENCE ON A FARM?X YES NO Janzav Ed Tarsev ho NAME OF Middle 4. DATE Day pou Last DECEASED event, DEATH January (Type or print) COL Gardner Elzev IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH remove last birthdoy) Manths Days Hours and in ony WIDOWED DIVORCED July 7, 1902 10b KI, OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY pleose COUNTRY? Lebor

13. FATHER 5 NAME Maryland 14. MOTHER'S MAIDEN NAME Deniel R12ev Deshial Rene17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, ng. grunknawn) (If yes give war ar dates of service Jarsey Rd. Salisbury Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit p ONSET AND DEATH ... PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Ti Kenel Disease physician. DHE TO Conditions, of any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO ٥ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, office bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this haspital offended the deceased from and that death accurred of FIM, fram touses and on the date stoted above saw the deceased alive an 22b DATE SIGNED 22o. SIGNALURI ATTENDING MD DIRECTOR PHYS. PHYS 22d ADDRESS 22c PHYSICHAN'S director, po should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230. BURIAL, CREMATION 236 DATE THEREOF REMOVAL (Specify) <u>Jaliabury micomico</u> Grean 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

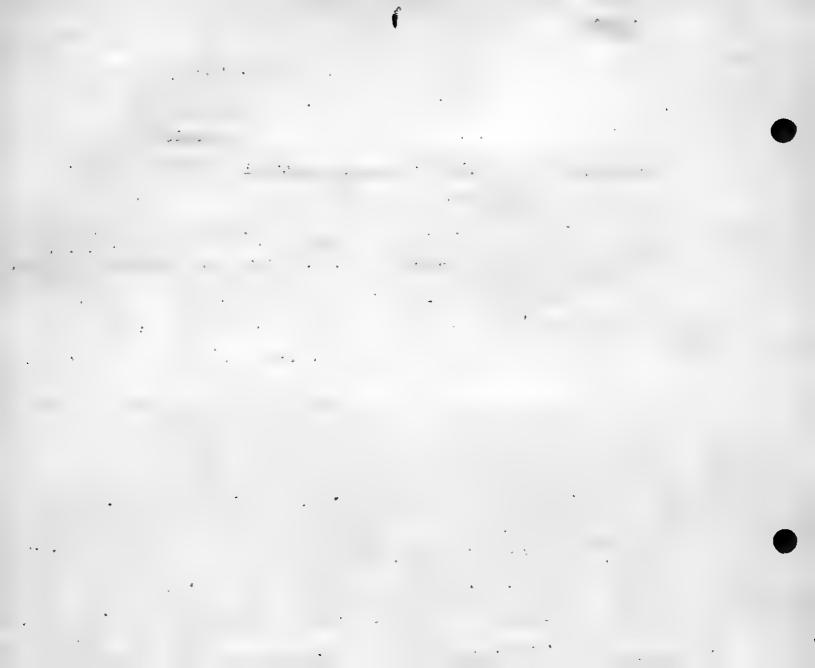




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death.		ECEASED NAME First Type or pnnt) John	Middle Stlly	lost Eshem	Jan Month,	1958 Year 2b. HOUR
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by the Page		BIRTHPLACE (State or fare gn 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		YRS.
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d within 24 lefely filled arbon pape not, within 77	10 (CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street oddress) RFT	TITUTION (If not in hospital d	20 USUAL OCCUPATION (Kind of work uring most of working life, even if reti	done 125 KIND OF BUSINESS OR INDUSTRY Chicken
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and co	14 1	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN	NAME First Med	dle Last
e be	<u></u>	George		O. 17 INFORMANT	Ann Floye	
tificate be hysician on please val, and ir	10e y	WAS DECEASED EVER IN U.S. ARMED	or dates of service) 213-13-5		nill: r ^{Addi}	
ne death certifi attending phy: permit. Then pian, or remaval		18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
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rital of interest for files	ਤੋਂ	OR CONTR BUSING CAUSE OF DEATH	HOUR A.M. Manth Day Year		(cire rollie of injury in Polit I of P	un z, nem re.)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I agid should be filled with the State Dept. at Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs after death	MED	21d. INJURY OCCURRED While of work 21e. Pl	ACE OF INDURY CATHOME, FARM, STREET FAC		R.F.D. No. City or Town	County State
ING by th frer i		22a. I certify that (1) (this	hospital), attended the deceose	d from 19 6	, 19, to iur) apinian death occurred on t	, 19 6 (1) (we) lost
END ned NR: A	L	saw the deceased alive causes stated above.	(I) (we) (did) (did nat) view the l	タムス, and thot in (my) (a pady after death.	iur) apinian death occurred on t	he dote and hour and tram the
ATTI retail sho sho with		22b SIGNATURE	F - 0	ATTENDING	MED STAFF	22c DATE SIGNED
DIRI DIRI ge 3	0	Grank Deis	ax Mch	DEGREE PHYS 22e. ADDRESS	DIRECTOR L PHYS. L	1-8-68
SPITAL FRAL ar, pa d be fi		22d, PHYSICIAN'S NAME (Type) FAANK	Lewis	22e. Adukt33		
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill	230	BUR AL, CREMATION, 23b DA	TE 23c. NAME OF €	CEMETERY OR CREMATORY	23d LOCATION (City or Town	(County) (State)
VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR	ADDRESS	20 0 250.	REC'D BY REG STRAK 25b. REGIS	Charles Vide
JUN KC₹. 1/08		wer / I na	my security	cele och, DAT	F AUG 17 1998 K	mares Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, #01 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01797 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR (Type or print) WILLARD PRESTON 4. RACE 3. SEX S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last brithday) White Jan. 22. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pag shauld be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED "Waryland U.S.A. WIDOWED TX DIVORCED [Wicomico 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12c USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) ve street oddress | during most of warking life eyen if retired | Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before / 13c City OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13h COUNTY NO X R.F.D. Pocomoke 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost Roland James Amanda Causey Evans 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT R.F.D. Address Yes, no, or unknown) (If yes are war or dates of service) 219-34-393 Pocomoke City. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Vicare? nse ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse erecoschices! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 23e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City of Town County Stote While Not while 22a I certify that (I) (this hospital) attended the deceased from 0, 19, 5, to 0, 19, 5, to 19, 6, that (I) (we) lost saw the deceased glive an 24, 19, 6, and that (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED STAFF PHYS. ATTENDING RECTOR 22d. PHYSICHAN S 22e. ADDRESS T. Bulkeley Salisbury. NAME (Type) John Maryland 230 NAME OF CEMETERY OK TREMATORYST 23b DATE 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) (Stote) Salem Methodist 2-1-1968 Pocomoke Wor ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Pocomoke City. Md.



Item 6	[1]	MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201		_
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12	9 6
HEALTH DEPT.		DECEASED-NAME Arst Middle East 20 DATE KNOWN Month	Day Year	2b HOUR
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and 3 to and	3.5	SEX 4 RACE S DATE OF BIRTH 6 AGE (n young IF UNDER 14 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month Day	Year	2d HOUR
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offer death Give Pages along with for with the State eoth	10	SITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital during most of working life, even if relited) 12 USUAL OCCUPATION (Kind of work done during most of working life, even if relited)	126 KIND OF BUSH	NESS OR
or de la margina	130	USUAL RES DENCE (Where deceased lived, if institution Residence before 130 LITY OR TOWN 13d. MSIDE CITY LIM TS? 13e. STREET AND NUMBER	11/12/	2
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hours Item 1 Office I and 2	14	FATHER'S NAME FIRST Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last	
ST 10	160	WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 177-18FORMANT], ADDRESS		
2		(Yes, na, ar unknown) [If yes give wor or dates at service] Lalling Menored Clapet		
~ . =		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.	APPROXIMATE BETWEEN ONSET	
e exetuted pending" n yf Medical sit permit. F		L//> O IMMEDIATE CAUSE (a) Congestive neart laiture		
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is certific te, writin forwards se used as removal,		19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSYT	
	CERTIFICAT	21a EXTERNAL CAUSE WAS 21b T ME OF INSURY Month, Day, Year 21c HOW INSURY OCCURRED (Enter nature of injury in Part 2, lie	YES S	NO 🗌
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		AT WORK AT WORK		
<u>ଅ</u> ଞ୍ଜ ଅ ଟ ହ		220 1 certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry		opinian
please edirector etoined DIRECT	31	The state of the s		
Per l dir.		ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ASSISTANT MED CA. EXAMINER 226 DATE:	SIGNED	
ory, neral be be pri		SIGNATURE	SIGNED /15/68	
o DEPUT! Decessory, please exthe funeral director. S may be retained to FUNERAL DIRECTOR. Health prior to burn		NAME (Type) Phikip A. Insley ADDRESS(Street, city tawn, ar county)		
5 g = ~ 5 g	230	DEMOVA (Specific)	(County) (St	ate)
Mar	24		- "	34
VR ATSME (1)	10	Foretta D'falling - RIHA Salushury MU DATE FED 13 1000		13



MARYLAND STATE DEPARTMENT OF HEALTH -DINISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLANO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b papers. Pagi hin 72 hours write RURAL and give nearest town) hours .5 e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET AOORESS WICOMICO ON A FARM? 1) unsina rbon pap YES NO completely we carbon p NAME DE Middle Last 4. DATE Month Day DECEASED event, Ka 68 Fischer (Type or print) DEATH 19 6. COLOR OR RACE and con remove any eve 5. SEX NEVER MARRIED 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEO Months Days Hours WICOWED DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician please r val, and in þe during most of working life, even if retired) INDUSTRY COUNTRY? certificate he attending phy permit, Then p ition, or removal, FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMAN death (Yes, no, or unkown) (If yes give war or dates of service) d by the att transit perm cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] law reduires that the has been signed by t e as the burial-transit h prior to burial, crema PART I, DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate OUE TO cause (a), stating the underlying cause last. ICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health PERFORMED? certificate YES NO. CERTIF the hospital PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.) ŏ etached Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year be de State factory, street, office bldg., etc.) Hour a.m. Not While While retained by at work at work 19 should ith the that (1) (we) last certify that (I) (this hospital) attended The deceased from DIRECTOR: age 3 should lied with the diceased alive on 19 6 X, and that death occurred at M, from the causes and on the date stated above. DATE SIGNED 22b MED. STAFF DIRECTOR PHYS M.O. PHYS. may HOSPITAL Da director, pa PHYSICIAN'S 22d. ADDRESS FUNERAL DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. REMOVAL (Specify) 2 REGISTRAR'S SICNATURE REC'O BY REGISTRAR FUNERAL DIRECTOR AODRESS VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution- Residence before admissi o COUNTY VICOMICO MARYLAND. delay b CITY OR TOWN (If outside corporate limits, TOWN (If out de corporate limits, write RURAL and give nearest town c LENGTH OF STAY IN 15 d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE NO. hours after death farwarded to the Chief Medical Examiner's Office along with NAME OF Middle DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months WIDOWED DIVORCED in any event within 72 hours after death 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IPLACE (State or foreign country 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed with 17 INFORMANT DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO (Yes, no or unknown) (I yes give wor or dates of service BOX28 New Ark NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY MMED ATE CAUSE (o) writing the word DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse and Inst. 491 X WAS AUTOPS! PART ILLOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION G VEN N PART 1(0) cremation, ar remayal, CERTIFICATION NO JC 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Port L or Port II of Item 18) 3 shauld PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) Hour o.m. foctory, street, office bldg, etc.) of work 21. I certify that a tack charge of the remains described above, held an Autopsy , Inspection 🔀 Inquiry Do. and in my apintan may be retained for FUNERAL DIRECTOR: Natural causes_ . Accident [death resulted fram Suicide . Hamicide Undetermined manner funeral directar CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER 1-15-68 NAME (Type Address (Street, city, town, or county) the 23d LOCATION (City or Town) (State) (County) 500 New Ack VR A15ME (5 6M 1/67



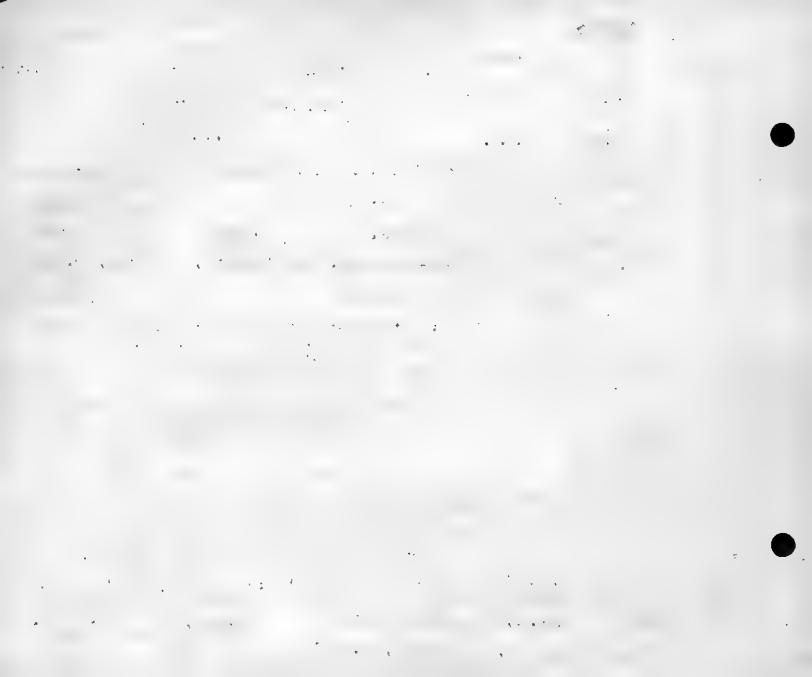
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		V 2 0 11	-	CERTIFIC	ATE OF DEATH		ı	0180)
£ ~~		ECEASED NAME First	Middle		Last	20. DATE OF DEATH			2b HOUR
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filled filled pape thin 7	19	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If n	at in hospital 12a. USU	AL OCCUPATION (Kind o	f work dane	126 KIND OF	BUSINESS OR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tweether this certificate has been signed by the attending physician and campletely filled in by the tweether is 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, Press 1 order and with the State Dept at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.		Salisbury	Deer's Head	d State	Hospital during m	usewife	in it retired.)	INDUSTRY	
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he death ce attending p permit. The ian, ar remo	L	18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and D BY: Brancho Pr	(c).)				BETWEEN C	MATE INTERVAL INSET AND DEATH
he death attendii permit. ian, ar re	L	PART I. DEATH WAS CAUSED	D BY: ATE (AUSE (a) Broncho Pr	ieu mo nia				48	Hours
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th the the sit production	L	Canditians, if any, which gave) rise to immediate cause (a),	(b)	Lerotic	Heart Diseas	e (Decomper	nsated)	4-5 I	ays
tho an. by bran crer	L	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF					
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mgures that the physician. Signed by the burial-transit burial, cremati	L		NOTIONS CONTRIBUTING TO DEATH BUT			CONDITION GIVEN IN PAR	:T 1(a)		
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AN:	ਤ ਤ	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	IG 21 b TIME OF INJURY HOUR A.M. Month Day Ye	ear {	DW INJURY OCCURRED (Ente	it pathie of infinity in Lai	T I OT POOL 2, IT	em 18.)	
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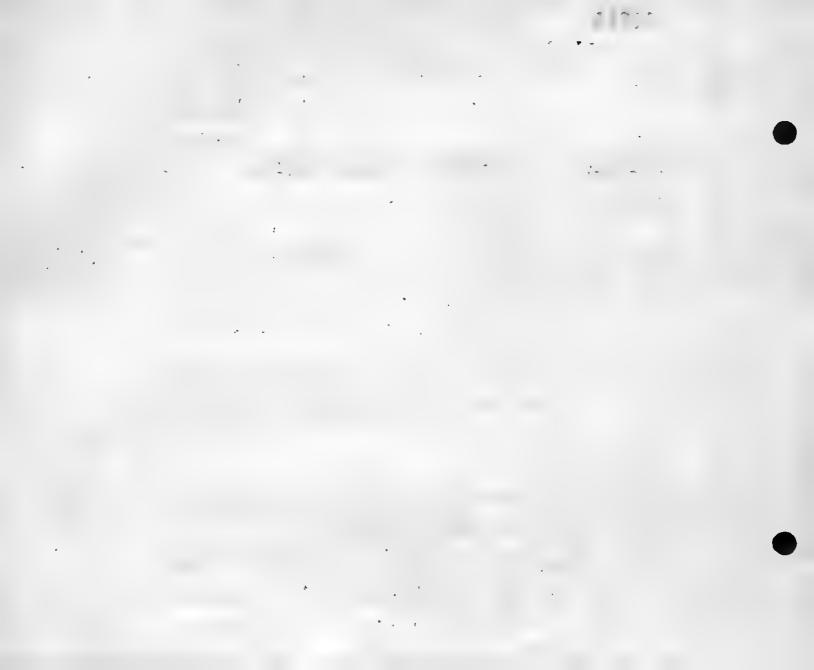
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at the	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
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		21a. ACCIDENT WAS UNDERLYIN			er nature of injury in Port 1 or Part 2,	Item 18.)		
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ING by the ter de	П	22a. I certify that (I) (th	is haspital) attended the decease		41, to 1-7, 19	that (1) (we) last		
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		22d. PHYSICIAN'S NAME (Type)	C	22e. ADDRESS				
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VR A15 (4) 30M REV, T/68	1	Lacitta B	Jolley Jessenta	. Sales, Ald DATE I A !	7.00 /	nlas Judge.		

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1			0.816	DIVISION OF VITAL RECORDS	5,7301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	0180G		
all and	(2)			CERTIFICATE OF DEATH					
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	- E	3 5	Х	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS		
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	sician slease and i		WAS DECEASED EVER IN U.S. ARMI es, ng, ar unknawn) (If yes give we	or or dates of service)		Address B	ox 192		
	physician please oval, and i		No	219-05-31	18 Mrs. Esther C.	Petalis(Daughter)Fruitland, Md.		
	he death ce attending permit. The		18. CAUSE OF DEATH (Enter only PART J. DEATH WAS CAUSED	y ane cause per line for (a), (b), and	3) 0	/7 -	BETWEEN ONSET AND DEATH		
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	be de led		22d. PHYSICIAN'S	12 Carrie	DEGREE PHYS 22e, ADDRESS	DIRECTOR L. PHYS. L. Ja	nuary 19 /1968		
	RAI RAI Pe f		HAME (Tunn)	avid J. Gilmore		enter. Salisbury.	Maryland		
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Heal	220	BURIAL (REMATION, 23b. D		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)		
	Page A	230	REMOVAL (Specify)		co Memorial Park	Salisbury, Mar			
		24	Burial Jar	n. 20,1968 Wicomi		BY REGISTRAR 25b REGISTRAR S	SIGNATURE		
	VR A15 (4) 30M REV 1/68		HOLLOWAY & COL	MPANYSALTSBURY	I A. WALAN	22 1968 Jacon	les Judges		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01902 CERTIFICATE OF DEATH Middle 2ь ноиг DECEASED-NAME First Lost 20. DATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. (Type or print) Month Doy signed by the ottending physicion and completely filled in by the funeral burial-transit permit. Then please remove corban papers. Pages is and burial, cremation, or removol, and in any event, within 72 hours after deat MACK Anna Marie F JNDER T FEAR 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years iost burthday) White March 6, 1881 Female 70 BIRTHPLACE (State or fareign 7b, CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Pennsylvania WIDOWED X DIVORCED [WICOMICO USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired)
Housewife give street address) INDUSTRY Salisbury Deer's Head State Hospital none 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIM TS7 13e. STREET AND NUMBER 13b COUNTY Wicomico NO T 337 Cedar Drive Salisbury 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last unknown (unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address 337 Cedar Drive Yes, no, or unknown) Mr. George F. Hack (Son) Salisbury, Maryland 177-20-2129 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Coronary T. BETWEEN ONSET AND DEATH Coronary Thrombosis 12 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (h) Arteriosclerotic Cardiovascular Disease Years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

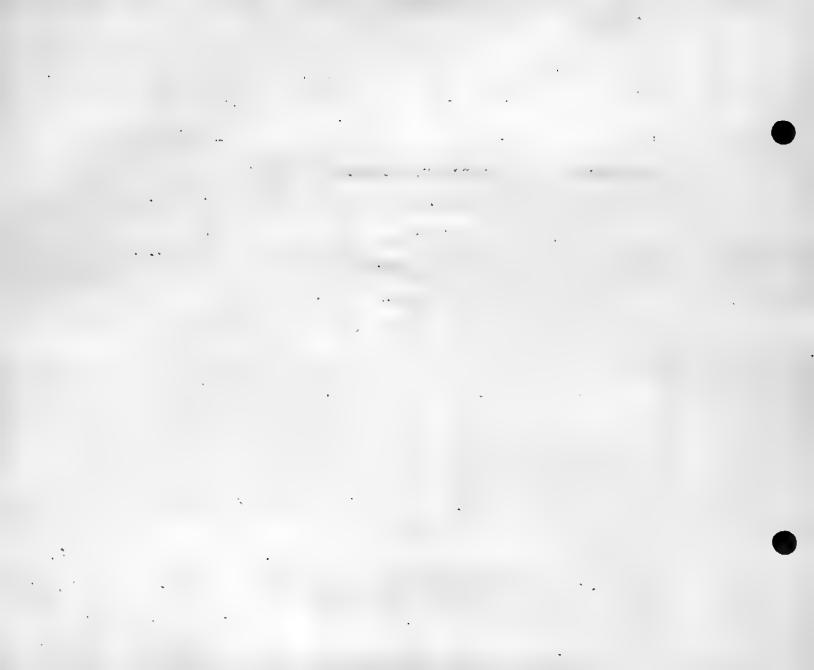
TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creasingly. stating the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 😿 NO [T] 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 8/31, 19-61, ta 1/7, 19-68, that (I) (we) last saw the deceased alive an 1/7, 19-68, and that in (my) (aur) apinian death accurred an the date and haur and from the . 19.68 , that (I) (we) last causes stated above, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE 1/8/68 PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. Deer's Head State Hospital. Salisbury, Md 23d LOCATION (City of Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b, DATE (County) 23o. BURIAL CREMATION. REMOVAL (Specify)
Burial Salisbury, Maryland Springhill Memory Gardens 11,1968 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV 1/68



			MARYLAND STATE DEPARTMENT OF HEALTH
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_		MARTLAND STATE DEPARTMENT OF HEALTH	
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든 글 후 용표	E	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	- 181
ING PHYSICIAN: by the hospital ar frer this certificate be detached for u state Dept. of Heal			11 10-3
G PHYSIC the hospit this certi detached te Dept. of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d IN.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town	County State
he has this letter		White Not while of work of work	
by t by t ffer ffer be c State	П	22a I certify that (1) (this haspital) attended the deceased from 12/22 , 196), to 4 face , 196	, that (I) (we) last
ENC ned ned vid the	ш	saw the deceased alive an19 LoC, and that in (my) (aur) apinian death accurred an the date causes stated above, (1)-(we) (did) (did/nat) view the bady after death.	and havr and tram the
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		22b SIGNATURE 2	TE SIGNED
DIRE 3		Sidules USTALLUSUL STALLUS DEGREE PHYS. I DIRECTOR I PHYS. I 4	Jay 68
ITAL may RAL Pag be fi		122d. PHYSICIANS NAME (Type) SIDNEY L. STAPLETON DR MD LOSP, BE	* 249
Page 4 may be retained by the hospital ar at to EUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health	220		(County) (State)
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VR A15 (4)	24.	FUNERA DIRECTOR 250. RECU BY REGISTRAR 25b. REGISTRAR 5 SI	NATUR
30M REV 1/68		Sualel Sound Trow Hell, MP DATE AN 0 1968 form	00





1 1		04000		301 W. PRESTON STREET, BALTI		
		5182%		CERTIFICATE OF DEATH	,	01812
		CEASED-NAME First ype or pnnt) NELLT	Middle E FRANCES	Last HIII,	20. DATE OF DEATH	2b. Hour
	3 SI		4. RACE	S. DATE OF BIRTH		F JNDER 1 YEAR IF UNDER 24 HRS
ı		Female	White	Jan.8,1891	last birthday} YRS.	ONTHS DAYS HOURS MIN
	Ma	rvkand	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Wicomico	Md
	10. 0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN Spring of the street address 1111	STITUTION (If not in hospital Pr. Sani. 120 USUA duning mo	L OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY BLACK
	13a adm	USUAL RESIDENCE (Where decease ss on) STATE LTV1 and	id lived, if institution Residence before 13b, COUNTY	13c CITY OR TOWN 13d INSIDE CITY LIN Salisbury YES [] NO	601 Camden Av	е.,
Stringe		ATHER'S NAME First GeorgeaCol	Middle Last	IS MOTHER'S MAIDEN NAME FI	ry Frances	Hill Last
	16a. Y	WAS DECEASED EVER IN U.S. ARM es, no recunknown) (If yes give we	ED FORCES? Ir or dates of service}	NO 17 INFORMANT Miss Clara Mc	G. Hill: Address #2	13
		PART 1 DEATH WAS CAUSED 433 Conditions, if any which gave nise to immediate couse (o), stating the underlying couse last.	Y ane cause per the for (a), (b), post (c) BY TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	de Thrombos Anterivelle	rosar	BETWEEN ONSET AND DEATH 15 ym
3	CERTIFICAT ON	19a DATE OF OPERATION 19b (CONDITION FOR WHICH OPERATION WAS PE	YES NO	206 IF YES, WERE FINDINGS CON- CAUSES OF DEATH?	
	MEDICAL CE	210 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exomin	HOUR A.M. Manth Day Year er) P.M.)	9	nature of injury in Part 1 or Port 2, Ite	·
	*	White Not while at wark at work	PLACE OF INJURY (AT HOME, FARM, STREET FA	Ca L.C	City ar Tawn	County State
		causes stated above	s-hospital) oftended the deceas ive an (1) (we) (did) (did nat) view the	ed/trans / / / / , 19 / 19 / 19 / 19 / 19 / 19 /	nian death accurred an the date	
		22b SIGNATURE	Selimon	DEGREE PHYS DI	ED STAFF 22c DA	26/1468
		22d. PHYS CIAN'S NAME (Type) DAY	J. GILMORI		P. SALISBURY	r, mol.
3	L		27/1968 Pars	cemetery or crematory ons Cemetery	Salisbury Wi	(County) (Stote) COLICO Md.
7 58	24/ S	MAGE C. THU.	J Salisbury, Ma			d the difference



MARYLAND STATE DEPARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 20 DATE KNOWN 2b FOURIM 1. DECEASED-NAME Eirst Month Year (Type or Print) EST -1-20-689 9:40 Holloway DEATH MATED Joseph delay IF LHOER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR a sex 4 RACE S DATE OF BIRTH 1 926 Year 9 = 110 MP 77-16-1/1 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH the State Dep Worth carolina WIDOWED [DIVORCED [USA Wicomico 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a SUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR the certificate, writing the ward "pending" in penal to Item 18. Give Pag 4 should be farwarded to the Chief Medical Examiner's Office along with dwine most of werk to life even it retired hippuster give street address)
Peningula Keneral Salishurv 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence befage 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER with 13b COUNTY Sussex admission) STATE Millsbord 18 7 NO KI Tiel. l and 2 offer Middle 15 MOTHER'S MAJDEN NAME 4. FATHER'S NAME Ada Holloway Holloway Grover hours pages 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY NO executed within (Yes no grunknown) (If yes give war or dates of service) (Wife) Audrey Holloway 222-12-2385 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) BETWEEN ONSET AND GEAT permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hemorrhage event DUE TO, OR AS A CONSEQUENCE OF burial-transit Multiple lacerations of face and tongue 2 hours Canditians if any, which gave) rise to immediate couse (a). certificate shauli DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse _ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20 AUTOPSY? 19b CONDITION FOR WHICH OPERATION 19a DATE OF OPERATION WAS PERFORMED? NO. YES 🗍 21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. T ME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING P.M. 1-20+68 Driver of car involved in accident. crematian, CAUSE OF DEATH 21f LOCATION Street at R F D. Na City or Town 21d. IN. JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, State factory affice building etc.) Route # 50 Parsonsburg Wicomico Md. NOT WHILE Highway 22a I certify that I took charge of the remains described above, held an Autopsy ... Inspection TX Inquiry 4 and in my apinian death resulted fam: Natural causes . Accident X Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 1-22-68 DEPUTY MEDICAL EXAMENER Earl L. Royer, M.D. MADDRESS(Street, city, town, or county) Ca mden Ave. Salisburys 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION (County) REMOVAL (Specify) Millsboro Cemetery Millsboro. Sussex Del 250. REC'D BY REGISTRAR FLINEBAL DIRECTOR VR A15ME (5) Millsboro, Del. 10M REV 1768



31824 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01814 CERTIFICATE OF DEATH Middle 2a DATE OF DEATH DECEASED NAME /Last 2b. HOUR ours after death ours offer death (Type or print) Month ANUARY 5 DATE OF BIRTH 4. RACE 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX (ast_buthday) YRS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED country) Wicomico DIVORCED [WIDOWED 17 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Hosbing gat of working life, even 'f getreed.) Salisbury INDUSTRY requires that the death certificate be executed within ** physician and campletely en please remove carbai event, 13a. JSJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. IRSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY COMICE and in any 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Last ---16b. SOCIAL SECURITY NO 17. INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) [II yes give war or dates of service] Page 4 may be retained by the haspital ar attending physician.

• EUNERAL DIRECTOR: After this certificate has been signed by the attending phy: director, page 3 should be detached far use as the burial-transit permit. Then should be filed with the State Dept. af Health priar to burial, crematian, ar remayal APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ORSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4711 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 1%, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work 220. I certify that (1) (this haspital) ottended the deceased from 19 (a) to 1960 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an ... causes stoted above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED, DIRECTOR ATTENDING STAFF PHYS. DEGREE 22e. ADDRESS 22d PHYSICIAN S NAME (Type) Medica NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, (County) REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR **VR A15 (4)** 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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		11225	DIVISION OF VITAL RECORDS,	•	The state of the s	01815
		3104"		CERTIFICATE OF DEAT		3.17
1.		TEASED-NAME First (pe or print)	Middle	HUDSON	20. DATE OF DEATH JANUARY 22	OY 1568 8 PM
3	. SE)	MALE	4 RACE WhitE	S. DATE OF BIRTH May 20,	1910 6. AGE (In years lost buthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	0117	RTHPLACE (State or foreign in) Lelaware	76. CITIŽEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH WICOMICO	bΜ
18	0 (1	TY OR TOWN OF DEATH alisbury	11 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital 12a	USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
l.			red lived, if institution: Residence before		Iderchant OTY LIMITS? 13e STREET AND NUMBER	Retired
0	dmis	sion) STATE Del.	13b. COUNTY Sussex	Dagsboro YES A	NO□ Dagsboro	
ľ	4. F	ATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAI	ME First Middle	Lost
ŀ	,	Josep	h Hudso	on l	Carrie	Hudson
ľ		WAS DECEASED EVER IN U.S. ARM is, no. or unknown) (II ps give w Yes	rat or dates of service)		Address	
-	_				Hudson (Wife)	Dagsboro APPROXIMATE INTERVAL
ı		 CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSED 	ly one cause per line for (a), (b), and (c)		Λ .	BETWEEN ONSET AND DEATH
L		IMMEDIA	ATE CAUSE (0) Ventri	enter Filrille	stury	
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Ł		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
l	- 4	last 'y ,	(c)			
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	Z L				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		2To. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF GEAT			(Enter noture of injury in Port 1 or Port 2	, (tem 18.)
1	ă	(If either, notify medical examin	ner) P.M. 19	9		
	ч	21 d. INJURY OCCURRED 21e. While Not white 1	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OEEICE BUILDING, ETC.	(TORY.) 21f. LOCATION Street or R.F.D.). Na. City or Town	County State
	ſ	22a. I certify that (1) (th	is haspital) attended the decease	ed from,	9, to, 1 ^s	9, that (I) (we) last
ı		saw the deceased a	live on1 e, (I) (we) (did) (did nat) view the	9, and that in (my) (our)	apinion deoth accurred on the d	late and haur and from the
l	ŀ	22b SIGNATURE	, (1) (we) (ala) (ala hai) view ille	oddy difer deoni.	22/	DATE SIGNED
L	1	17.7 2 Second	trouble M.D.	DEGREE PHYS.	MED. STAFF I	24168
l	ŀ	22d. PHYSICIAN'S	The state of the s	22a ADDRESS		0 10.0
L		NAME (Type)		Mede		stary, Md.
2	3a	BUR-AL, CREMATION, 23b REMOVA: (Specify)		CEMETERY OR CREMATORY	23d LOCATION (City or Tawn)	(County) (State)
-			Jan. 27, 1968 Dags		Cemetery Dagsb	oro, Del.
2	(4. I	FUNERAL DIRECTOR	Tray	nkford, Del. DATE		Carley Judge
		Watson & Gr	car Melson Frai	TELL OT CO DET O DATE	OT INDO E	



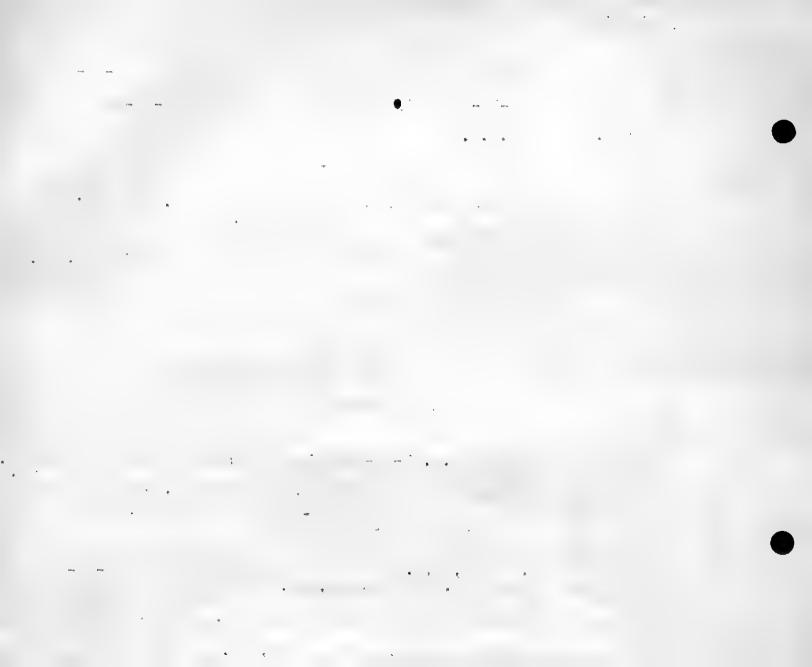
		MARYLAND STATE DEPARTMENT OF HEALTH
AA		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Thom 15 Film G397 7 /21/68 kg CEPTIFICATE OF DEATH
(JAI)		Item 15 Film G397 1/24/68 kk CERTIFICATE OF DEATH
death.		ECEASED NAME First Middle Lost 20. DATE OF DEATH Doy Year 8 5 Pm
after of the full	3. SI	FEMALE 4. RACE S DATE OF BIRTH SEPT. 17, 1909 Gost birthday) YRS MONTHS DAYS HOURS MIN
Dan a		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
d in pers		MARYLAND U.SA, WIDOWED DIVORCED WICOMICO
rin 24 filled pape		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b Kind of Business or INDUSTRY 12b Kind of Business or INDUSTRY
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ecuted complet ove car	odm	USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 155 PURNELL AVE
and and remin any	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost SADIE PRINTHHABIAUGUM Baker
O HOSPITAL OR ATTENDING MEYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Plages, and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hauks after death	16a	WAS DECEASED EVER IN US ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT POS, no. par unkngavin) (III to five war or dates of service) 217-03-6019 NRS RIDA ES HAMBERLIN MD
og bl		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
eath indir nit.		PART I DEATH WAS CAUSED BY REC'INCUMENT EURICEMEN CUCLUMEN
affe an,	П	472 X DUE TO, OR AS A CONSEQUENCE OF
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O HOSPITAL OR ATTENDING TEYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician of FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, and	WEE	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
DING d by t Afrer d be c	П	220 I certify that (I) (this haspital) ottended the deceased fram 1/10 , 1968, to 1-10 , 1968, that (I) (we) last
OR ATTENDING be retained by the NRECTOR: After it e 3 shauld be ded with the State		saw the deceased alive an 1-10 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.
R AT refa	1	22b. SIGNATURE 1 DEGREE PHYS DIRECTOR PHYS
Distriction		22d. PHYSICIAN S 22e. ADDRESS 22e. ADDRESS
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: should be filed with the		NAME (TYPE) Wilber R. Ellis JR. Medical Center - SALISBURY MARYLAND
FUN HOUR	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify), 1 43 6 8 12 8 6 8 6 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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DOTT 17 17 00		Anne 17. July of person 1 of DATE AN 15 1968 (Charles Vines



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	318	₫ ĭ} DIVISIO	ON OF VITAL RECORD	s, 301 W. PRESTON CERTIFICATE (ORE, MARYLAND 212	$01 \\ 018$	1'7
~볼	1 DECEASED-NAME	First	M. ddle	Last		20. DATE OF DEATH		2b HOUR
9	(Type or pant)	MARTHA	C.	JENKINS		Month	3 68	3:30Pm
	3 SEX	4 RAC		S. DATE (F BIRTH -12-1894	6. AGE (în year lost birthday)	YRS F UNDER 1 YEAR MONTHS DAYS	F JNDER 24 HRS. HOURS MIN
17,	70. BIRTHPLACE (State country) Md.	or foreign 7b CITIZE	N OF WHAT COUNTRY?	8 MARRIEO NEVER	MARRIED 9.	COUNTY OF DEATH	tree (ma)	Md.
	10. CITY OR TOWN OF Salisbu		II NAME OF HOSPITAL OR give street address)	State Hospi	tal	OCCUPATION (Kind of work of working life, even if reti	dane 12b KIND OF I INOUSTRY	BUSINESS OR
3	13a. USUAL RESIDENCE odmission) STATE	(Where deceased lived, i	institution: Residence pefo	centrevi.ll	13d. INSIDE CITY LIMITS	S? 130. STREET AND NUMB		
7	14. FATHER'S NAME	First	Middle Last	IS. MOTHER	'S MAIDEN NAME First	Mid	dle	Lost
3	Jo	hn Handy			Emn	18	Goule	đ
,	16a. WAS DECEASED E Yes, na, ar unknaw	VER IN U.S. ARMED FORCE	tarsica)			Addr	ress	
	110		218-20	<u>-5357 File</u>	nor Perr	cy Centre	ville, Mo	AATE INTERVAL
	18. CAUSE OF I	THE WAS CALICED BY.	se per line far (a), (b), and				BETWEEN OF	NSET AND DEATH
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		SIGNIFICANT CONDITIONS C	(c)	NOT PELATED TO THE TER	MINAL DISEASE OPCON	IDITION CIVEN IN PART I/o		
	11121			ral thrombos		DITION GIVEN IN TAKE IQ		
	19a. DATE OF OPE		FOR WHICH OPERATION WAS		AUTOPSY?	20b. IF YES, WERE FIND	INGS CONSIDERED IN CE	RTIFYING
	올			YE	S NO 🗌	CAUSES OF DEATH?		
	€ 21a. ACCIDENT		TIME OF INJURY		OCCURRED (Enter no	ature of injury in Part 1 or P	art 2, Item 18.)	
	OR CONTRIBUTING	Medical examiner)	JR A.M. Month Day Ye P.M.	19				
	While Not y	CURREO 21e. PLACE OF	INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION		City or Town	County	State
	22a. I certify	that (M (this haspit	ol) offended the dece January 3,) (did) (did not) view th	osed from Januar 19 <u>50</u> , and that in ne body after death.	y 2 , 19 <u>68</u> 1 (ŋɣ) (our) opinio	, to January an death occurred on t	3, 19 <u>68</u> , that he dote and hour ((t) (we) last and from the
ş	22b. SIGNATURE	Wille	alden	***************************************	ENOING MEO	STAFF CA	22¢ DATE SIGNED 1/3/68	-1
0	22d. PHYSICIAN NAME (Type	. L. V. Ma	ldve, M. D.	De		State Hospit	tal, Salis	oury,
C	23g. BURIAL, CREMATI REMOVAL (Specif	Y I-7-6	8 Go	OF CEMETERY OR CREMATO uld town		23d LOCATION (City or Town Gould town	Queen Am	(State) ne Md
	24. FUNERAL DIRECTO	R	- ADDR	ESS	25a. REC'D BY	REGISTRAR 25b. REGIS	TRARS SIGNATURE	Se 1990
	Na)	Maha	Voideol		DATE JAI	N 8 1968	The American	Harak.



<u>i</u> 1		MAKYLAND STATE DEPARTMENT OF HEALTH OF THE DEPARTMENT OF MEALTH OF THE DEPARTMENT OF MEALTH MAKYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01818
HEALPH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN TO Month	Day Year 2b HOUR
ं च च च च च		Type or Print) Clifton Elwood Jones OF ESTI DEATH MATED 1 1-	-27-618 330/M
delay maga	3 9	EX 4 RACE 5 DATE OF BIRTH 6. AGE 10 years 5 JARER YEAR 1F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
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1, 2, cm PAm PAm Pam		BIRTHPLACE (Stote or foreign 76 CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
and the same of th		MASS. U.S.A. WIBOWED DIVORCED Wicomico	Md
we Page of with for	10.		126 KIND OF BUSINESS OR THOUSTRY
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alan alan with death		dmission) STATE 136 COUNTY YES DINO D	
v	14	ATHERS NAME First Middle Lost IS MOTHERS MADEN NAME First Middle	n Road
0		FRANK JONES MARY NEWTON	6031
hin 24 nati in l niner's pages 1 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? LIGHT SECTION TO THE TRANSPORT TO	
	1,	(es, no, or unknown) (Negve wor or dates of service) MR ROBERT JONES PRINCESS A	ANNE, MD.
scuted withing in pendical Examite Fite within 72		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed in Medical Refugility to permit I		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Fractured skylll	Sudden
be execution be execution of Medical permits permits be event with		DUE TO, OR AS A CONSEQUENCE OF	
6 6 9		Conditions, if any, which gave answer (b).	
shauld e ward o the Cl ourial-tr		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
sho the void		[dst {c}]	
s certificate shauld by merting the ward farwarded to the Cl used as a burial-tr smayat and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rrtifi rrtifir vard vard od o	NO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
0 5 5 E /	CERTIFICATION	WAS PERFORMED?	YES NO
		21o. EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Ite	
INER: 3 should the files. 3 should the files.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 2. 200 PM 79-27-68 DRIVER OF ATTRIBUTE THAT DE	n off road.
KAMINER: te the certit	NE SE	2.d IN.LRY OCCURRED 21e PLACE OF TOURT (At nome, form, street, 21f LOCALON Street or R.F.D. No. City or Town	County Maight
		WHILE AT WORK AT WORK Hichware Ovster House Lane Mt. Vernor	Somerset
ECAL ET TOTAL FOR		22a I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X	
olcal Blaze Executed and allowed for principle of the open of the principle of the principl		death resulted from Natural causes , Accident X Suicide , Hamicide , Undetermined manner	
please advector retained		ACTUAL CHIEF MED CAL EXAMINER COLL DAYS	
		SIGNATURE ASS STANT MED CAL EXAMINER 226. DATE:	
DEPUTY eressory, p ne funeral i may be re FUNERAL i ealth prior			-28-68
necessary, processary, process	22.	NAME (Type) 1:09 Camdon Ave Salishury MPRESS (Street, city, town, or county) BURIAL, (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town)	(County) (County)
7 1,2	RTI	_REMOVAL (Specify)	(County) (State)
		FUNERA, DIRECTOR ADDRESS 250 REC D-BY SAGISTRAR 256 REG STRAR S.S	SIGNATURE
VR A15ME (5) 10M REV. 1/68		FUNERA, DIRECTOR ADDRESS 250 REC DE REGISTRAR 1256 REG STRAR S. 1568 Levin Wilson Funeral Home Princess And Md. 1 1868	arles Judges
4 DTV1 RL V. 17 OD	-	THE VALUE OF THE PARTY OF THE P	



り . "		31829 DIVISION OF	F VITAL RECORDS, 301 W.	PRESTON STREET, BALTIMORE,	MARYLAND 21201		
FOR STATE		01000	MEDICAL EXAMINE	R'S CERTIFICATE OF DI	ATH	01819	•
HEALTH DEPT.		ECEASED-NAME First	Middle	Last	2a. DATE KNOWN	Manth Day Year	2ь. ноц
700 0	1	ype or Print) Ronald	J	Jones	OF ESTI-	1-20-6819	7:00
कि के इ	3 5		DATE OF BIRTH 6 AC	GE (in years IF JMOER I YEAR IF JMOER I buthley) MONTHS DAYS HOURS	24 HRS 2c. DATE PRONOUNCED DE	AD	2d HOUR
ny cepy		M W	5=12-33	31 YRS MONTHS DATS HOURS	M.N. Month	0-68 Year 19	9 P4
22 pd a	7a	BIRTHP_ACE (Stote or foreign 75 C)	TIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH		
75 9	€QJr	17) DELaware	U.S. A.	WIDOWED DIVORCED	Wicomi	co	M
Me State	10. (TTY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	NSTITUTION (If not in hospite. 20. (INESS OR
- 0 /-		Salisbury	give street oddress) Peninsula	NSTITUTION (If not in hospite. 20. t during General Hospite 132 city of rown 133 base city	g most of working life, even if refi	red.) INDUSTRY	
after 8. Giv alan with t	13σ	USLA. RESIDENCE (Where deceosed in	rea, ii insiliyi on, kesidence belap	SI 12C CITT OK TOWN	THE STREET AND HUMBER		
2 w	0	Dela Wage 13	6 COUNTY SUSSEXE	Millsboro YES 1	10 DI RURAL		
haurs Item 18 Office 1 and 2	14 F	ATHER S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME	First , Middle	.05	t
24 P		Kay' Mil	Lion Jone	es Emma	ELIZAbeth	Timmo	ns
thin 24 haurs aftennell in Item 18. G miner's Office alan pages 1 and 2 with haurs after death		WAS DECEASED EVER IN U.S. ARMED FORCE	TOD SOCIETY ACCOUNTS	NO 17. INFORMANT	ADDRESS	A /	
1 with n pen Exami File p	- (1	es, no at anknown) (11 yes give war or	222-24-3	1109 Ray M. Jone	5 Millsbo	DRO, LELa	WORE
Para in in		18 CAUSE OF DEATH (Enter anly an	e couse per line far (a), (b), and (c)			APPROXIMATE BLTWEEN ONSET	
dica dica		PART I. DEATH WAS CAUSED BY IMMEDIATE CA	AUSE (o) Hemorrha	.ge			
exe andi Me t pe		ž	DUE TO, OR AS A CONSEQUENCE O			1 . 1	
be "ipe		Conditions, if ony, which gove	(b) Lacerati	ons of face and	l neck		
ord ord in the Clark		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O				
te shauld be executed the word "pending" is to the Chief Medical a burial transit permit.		lost.	(c)				
ICAL EXAMINER: This certificate shauld be executed within 24 haurs after sexecute the certificate, writing the word "pending" in pencil in Item 18. Ginter. Page 4 shauld be forwarded to the Chief Medical Examiner's Office aloned for your files. CTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with burial, crematian, or remaval, and in any event within 72 haurs after death		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)		
Africa iring iride(N	1 +					
wr wr brwe	3	190 DATE OF OPERATION	195 CONDITION FOR WAS PERFORMED			2D ALTOPS	
INER: This cert's cert's cert's should be forwar files. 3 should be used retion, or remova	CERTIFICAT.ON					YES 🔲	NO 🔀
d b ja ,	CALCE	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b TIME OF INJURY Month Day, Ye HOUR A.M.	or 21c HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Pa	ort 2, Item 18)	
INER: e cert shaul files. 3 shou	MED C	CALISE OF DEATH	7:50 P.M. 712	20-68 Passenger	e in car invo	lved in a	ccid
Min the the self in the self i	Ξ	21d INJURY OCCURRED 210, PLACE while not white foctory,	OF INJURY (At hame, farm, street, office building, etc.)	211, LOCAT ON Street at R PD No	C ty ar Tawn	Caunty	Stote
L EXA ecute Page ar yau R: Pag		AT WORK LAT WORKS LAT	chwo v	Route # 50). Parsonsburg		Md.
DEPUTY SICAL EXAMINER: scessary, please execute the certive funeral director. Page 4 shault may be retained far your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,			=	ed above, held an Autapsy [iry 🔀 and in m	y opiniar
director. Stained DIRECTO To buse		death resulted form. N	atural causes [], Accider	nt 📑 Suicide 🔲, Hamicie	le, Undetermined mo	nner	
please directer the properties of the properties		ACTUAL	_	CHIEF MEDICAL			
TY Please by, please broad directions that DIRECTION TO THE DIRECTION TO T		SIGNATURE	2/2/		TORE CARTIFICATION	. DATE SIGNED	,
Ssar Ssar Ssar Ssar Ssar Ssar Ssar Ssar		EXAMINER'S Earl L.		ADDDCCC/Ct	AL EXAMINER 🔀	1-22-68	>
TO DEPUTY necessary, the funeral 5 may be 1 TO FUNERAL Health principle.	00	NAME (Type) 109 CR. BUR AL CREMATION. 23b DATE	mden Ave Sal	CEMETERY OR TREMATORY	t, city, town or county)	Je	
55 25	230	DEMONARIC 1 1	- A 4	A 1	23d LOCATION (City or Town)		tote)
	24	FUNERAL DIRECTOR	tan 1968 Mill	Sboro Cemeters	MILLSGORO - D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE	·ca.
VR A15ME (5)		Tames Funeral I				Lake 3 Controller	المالي
1044 PEV 1768		Januas runera i	TOTHE MILLIANO	TO LIGHT	//	.73 1	480

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 01830 DIVISION OF VITAL RECORDS, 381 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01820 Middle last 2g. DATE OF OFATH 1. OECEASED-NAME First 2b. HOUR death. (Type or print) WILLIAM **EDWARD JONES** January after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER I YEAR MONTHS Male White March 27, 1904 The law requires that the death certificate be executed within 24 haurs signed by the attending physicion and completely filled in by burial-transit permit. Then please remave carban papers. Paburial, cremation, ar remaval, and in any event, within 72 hobse 7n. BIRTHP, ACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Mary land Wicomico USA O/VORCEO [WIDOWEO [12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KINO OF BUSINESS OR guye street address) during most of working life, even if retired) INDUSTRY Salisbury Security Guard
City UN6.157 | 13e STREET AND NUMBER Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LINGITS? 13b COUNTY Wicomico 216 Long Avenue YES:K Salisburv 14. FATHER S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Samue 1 Jones Gentrude Hearn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address 216 Sal Mrs. Ruth J. Jones (Wife) 218-12-1805 18. CAUSE OF OEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY-BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar tall 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. OATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Oay Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County Stote White Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 17/77, 1966, ta 1/1 1968, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on... causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE STAFF DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Madical Center, Salisbury, Maryland Wilher R 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL, CREMATION REMOVAL (Specify) Wicomico Memorial Park Salisbury, Maryland 1968 REGISTEARS SIGNATURE 250. REC'D BY REGISTRAR DATE JAN 19 VR A15 (4) 30M REV. 1/68 HOLLOWAY & COMPANY, SALISBURY,



	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 30T W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Them 2a Film G397 Inch (20) Framiner's Ceptificate of Death O1821
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Yeor 2t HOUR (Type or Print) CF FSTI-
To Demonstra	(Type or Print) MORRIS KAMENIR DEATH MATED 1 25 1968 M
delay	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LNOER 1 YEAR IF LINCER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR
8 8 W	Hale White February 5, 1909 58 YRS MAN MONTHS Day Year 1968 11P M
20,00	TO BRITHPLACE (Stote of foreign 7h (17 7FN OF WHAT COUNTRY) & MARRIED INCUSE MADDIST TO BEATH
The book	Russia USA WIDOWED DIVORCED Wicomico
te age at	ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
at + 5 / 0	Salisbury Give street oddress) Peninsula General during most of working life, even if retired.) INDUSTRY TOV
ofter d 8. Give olong with the	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 130 CITY OR TOWN 130 INSIDE CITY UM. 152 TREET AND NUMBER
s ofter 18. Gr e olone 2 with death	odmission) STATE Pennsylvania Philadelphia Philadelphia 13b. COUNTY Philadelphia Philadelphia 4565 N. Warnock
hours Item 1 Office I and 2 after d	14 FATHER S NAME First Middle Lost 15. MOTHER S MAIDEN NAME First Middle Lost
	Barnard Kamenir Lena (Unknown)
hin 24 ncl in I niner s (pages I hours o	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
	(Vas, no, or unknown) (If yes give wor or dotes of service) Rose Freedman (Sister) Same as #13e
Exar Exar File	Total Marie Control of the Control o
	BETWEEN ONSET AND GEATH BETWEEN ONSET AND GEATH
d be executed dipending (Chief Medical tronsit permit y event within y event within	IMMEDIATE CAUSE (a) Multiple compound fractures both legs & fracture
end end if p	DUE TO, OR AS A CONSEQUENCE OF Pelvis
	Conditions, if dny, which gove) rise to immediate couse (a), (b)
world word the Ch rial-tro	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should be end of the following the Chief burnat-transit	last 85 C4 (1)
the the down	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
fico rdee os d, o	- arterio solvative lucit decere - Pulsumary reduces -
certif orwar used mova	196 COND.TION FOR WHICH OPERATION 20 AUTOPSY?
N 0 4 0	196 COND.TION FOR WHICH OPERATION 196 COND.TION FOR WHICH OPERATION WAS PERFORMED? WAS PERFORMED? 196 EXTERNAL CAUSE WAS 216 TIME OF INJURY MONTH, Doy, year 216 HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18)
INER: This e certificate, should be foo files. 3 should be to dation, or ren	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21/2 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
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He de	
ICAL EXAMINER: execute the certifor. Page 4 should do your files. CTOR: Page 3 shouburdl, cremation,	AT WORK DI AT WORK DI Con Lake I I sake as 5t Jalufur Weeners, and
ICAL E exector. Particular for CTOR: burnel,	
please ey please ey l director. retained L DIRECTO Ior to but	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
dir dir	ACTUAL CHIEF MEDICAL EXAMINER
	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED
DEPUTY RESSORY, p e funeral may be re FUNERAL eolth prior	EXAMINER'S DEPUTY MEDICAL EXAMINER 1/26/68
ro DEPUTY necessory, the funeral S may be TO FUNERAL Health pri	NAME (Type) Philip A. Insley, M. D. ADDRESS(Street city, town, or county)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230 BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, "OCATION (City or Town) (County) (Stote)
	Burial Jan. 28 1968 Montifiore Cemetery Abbington, Pennsylvania
A-10	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REG STRARS SIGNATURE
VR A15ME (5) 10M REV 3 / 68	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE JAN 29 1983



makes and the same of the same	1	31835 DIA		301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	
and the state of t		Items 23a,c, &d F				01822
arai and 2 eoth.		CEASED-NAME First (ype or print)	Middle .	last	20. DATE OF DEATH Month Do	2b. HOUR
de de		LILLIA		Kuhl	January 2	21 1968 11:00 M
1	3. 5	Fee1 1	RACE	S DATE OF BIRTH	6 AGE (n years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MOINTH'S DAYS HOURS MIN
and some	70	BIRTHPLACE (State or foreign 7b. C	ITIZEN OF WHAT COUNTRY?	July 22, 8. MARRIED NEVER MARRIED		
The The		Pennsylvania	USA	WIDOWED DIVORCED		Md
	10.	ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 12	to USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OF
\$ 200	/	Salisbury	Peninsula	General Hos	ring most of working life, even if retired.) pital Retired Admin	istrator
ecuted completed over control over control	13a odn	USUAL RESIDENCE (Where deceased live ission) STATE Maryland 13	b. COUNTY Wicomico	Salisbury YES	13e STREET AND NUMBER 220 S. Boul	avard Ant
execute and comp remove to ony eve	4	ATHERS NAME First	Middle Lost	18 MOTHER'S MAIDEN		Lost
be ex ond s rem in on		Car 1	W. Kuh1	13 MOTHER S MAIDER	Gertrude	Forstman
ote icion leose and		WAS DECEASED EVER IN U.S. ARMED FO	IRCES? 166. SOCIAL SECURITY NO			Salisbury, Mr.
requires that the death certificate be executed withing physician. It is signed by the attending physician and complet to build-transit permit. Then please remove contact burial, cremotion, or removal, and in any event within		es, no, ar unknown) (If yes give war or dat	059-28-463	l Mrs. Minnie	Klein, 220 S. Blvd	
he death ce s attending p permit. The rien, or remo		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
deat tend rmit.		IMMEDIATE CAI	, ,	ral Queur	ueul a	2.22
the of the period		Conditions, if any, which gove t	OUE TO, OR AS A CONSEQUENCE OF	ric grundhe	, 30) E. C.	2011
hot n. sy # ansi	П	nse to immediate couse (a).	OUE TO, OR AS A CONSEQUENCE OF	are diene June	1 2	(AK)
quires th physician. signed by burial-tra	П	lost.	10 - 121/2130	ratesis, curs	360) 164	CIIS?
equires that the physician. signed by the burial-transit is burial, tremoti		PART 2. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1(a)	
low referred from the ferred f	S.	19g, DATE OF OPERATION 119b, CONDI	TION FOR WHICH OPERATION WAS PER	FARHER OR ALIVOREYS	LANE IS NOT HITTE THINKING	CONCIDENCE III SEPTEMBLE
	CERTIFICATION	170. DATE OF OPERATION 170. CONDI	HON FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?	NO F	CONSIDERED IN CERTIFFING
AN: The of or off or other had on use Health			216. TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2,	Item 18.)
Pitol Pitol d fo of H	MEDICAL	(If either, natify medical examiner)	HOUR A.M. Month Doy Year P.M. 19			
OR ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificate ge 3 should be detoched for us led with the Stote Dept. of Healt	×	2 d. INJURY OCCURRED 21e PLACE	OF INJURY (AT HOME FARM, STREET FACTE OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Street or R	F.D. Na. City or Town	Caunty State
r thi		While Not while ot work at wark			10/ 8 10 10	
NDING id by After d be e Stot		saw the deceased alive of	spiral) attended the deceased	tram (my) (au	, 19 (5), ta 7, 19 ur) apinian death accurred an the d	net and haur and from the
A ATTENI retained retained ECTOR: A 8 should with the		causes stated above, (I)	(we) (did) (did nat) view the b	ady after death.		
OR ATTENI be retained biRECTOR: 4 ge 3 should ed with the	П	22b SIGNATURE	111 2 . 23 . 5	DEGREE PHYS C	MED, STAFF	DATE SIGNED
AL C Ny bo		22d PHYS CIAN S		22e. ADDRESS	DIRECTOR L PHYS. L	
SPITAL 4 may IERAL or, pag d be fi		NAME (Type) Dr. Jo	hn T. Bulkeley		sbury, Maryland	
O HOSPITAL OF Poge 4 may be O FUNERAL DIR director, page 3 should be filed		BURIAL CREMATION 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d 10CATION (City or Town)	(County) (State)
5 5 5 2 v		FUNERAL DIRECTOR	24, 1960 Greenmo		REC'D BY REGISTRAR 256. REGISTRAR	enhsylvania
VR A15 (4) 30M REV, 1/68		HOLLOWAY & COMPAN			JAN 2 3 1968	arias freeights
			.,	DATE	י פייסו ס מווויט	



, _			NU STATE DEPARTMENT OF HEALTH	W 411- 4-44-
and the same of th		. 3 2' 3' 3'	5, 301 W. PRESTON STREET, BALTIMORE, MAR CERTIFICATE OF DEATH	
# 10 2 2		ECEASED NAME First Middle Type or print) Middle	Lost C. 1/ 20. DATE OF	DEATH 25 HOUR Veor 2 45 M
24 haurs after death. ed in by the funeral ppers. Page and 2,72 hours of edeath.	3. 5	Elmer	S. DATE OF BIRTH OCT, 19, 1896	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NONTHIS DAYS HOURS MIN
n by theers. Page 22 hears		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF WIDOWED DIVORCED WICOM	DEATH
g ∰ ã.∄	1 5	Salisbury Peninsula	NSTITUTION (If not in hosp tol 120 USUAL OCCUPATION General Hospital of working le	(Kind of work done ife, even if retired) 12b KIND OF BUSINESS OR INDUSTRY
complete	13o. odn	USUAL RESIDENCE (Where deceosed lived, if institution. Residence before issue) STATE 13b OUNTY	13c CITY OR TOWN	EET AND NUMBER
be exected and continually in any	14.	FATHER'S NAME First Middle Lost	IS MOTHER'S MAIDEN NAME FIRST	Middle Lost
tificate hysician n pleas		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service)		LD DAGSISCRC
An: The law requires that the death certificate be executed within a ar attending physician and completely ficate has been signed by the attending physician and completely far use as the burial-transit permit. Then please remove carban Health priar ta burial, cremation, ar remaval, and in any event, with		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) \(\sum_{\text{POWNAC}} \)	3.)	BETWEEN ONSET AND DEATH 14-21 deep
at the d the atte		Conditions, if ony, which gove rise to immediate couse (a),	western abstruction	30-40 day
res tha sician. ed by al-tran		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF		Black unknown
v requing physen sign to buring taburing	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I(o)
The law attendin has bee se as the priart	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS P		YES, WERE FINDINGS CONSIDERED IN CERTIFYING OF DEATH?
PHYSICIAN: e haspital ar his certificate stacked for u Dept. of Heali	MEDICAL CE		19	y in Port 1 or Port 2, Item 18.}
JING PHYSIC by the haspii fter this certi be detached State Dept. of	発	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME FARM, STREET, F.		or Town County State
L OR ATTENDING PHYS be retained by the has DIRECTOR: After this ce ge 3 should be detache led with the State Dept.		22a. I certify that (I) (this hospital) attended the deceased alive on causes stated abave (I) (we) (did) (did nat) view the	sed fram 1-5-68 , 19 , ta 1- 19 , and that in (my) (aur) apinian death a e bady after death	ccurred an the date and haur and fram the
OR ATTENION OR ATTENION OR ATTENION OF A		22b. SIGNATURE Kaymond M. Gow	DEGREE ATTENDING MED. DIRECTOR DIRECTOR	STAFF 22c. DATE SIGNED PHYS. \(\square\) /-//-68
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. Page 4 may be retained by the haspital ar attending physician. Full Full Full Company of the price of the period by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creating the period of the peri		22d. PHYSICIAN S NAME (Type)	22e ADDRESS	
TO HOSPITAL Page 4 may IO FUNERAL director, page shauld be fin	230	BOYAL (Specify) 1-14-68 DAKS	BORO MEMORIAL DAG	N (City or Town) (County) (Stote)
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		. MARYLAND STATE DEPARTMENT OF HEALTH
An ast		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
17 = 150		ECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
to Great		Typescriptini) Oscar LAX field Tankary Doy, 10 Yeor 1968 3 32 M
P 2- P	3 5	FX 4 RACE TO ME OF BIRTH 6 AGE (In ears I FUNDER 1 YEAR I BY UNDER 24 MRS.
the the safe		Male White Dec. 10, 1911 last birthday) YRS. MONTHS DAYS HOURS MIN
by the	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARPHED TO NEVER MARPHED TO STATE OF DEATH
4 上彩	COU	Maryland U.S. WIDOWED DIVORCED Wicomico
in 24-bu	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Decompation 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
PHYSICIAN: The low requires that the death certificate be executed within 24-hours after death e hospital or attending physician. his certificate has been signed by the ottending physician and completely filled in by the Coera stacked for use as the buriol-transit permit. Then please remove corbon papers. Pages 1-page 10-pages of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.		Galisbury Peninsula General Hospital, Auto Parts Dealer
e executed with and completely remove corbon n any event, with	13a	USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
compound / / eve	duir	Maryland 13b. COUNTY Somerset Princess Anne Somerset Ave.
and c	14.	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Last
be n al	L	Phillip Oscar Layfield Emma Jane McDowell
rrificate b physician en please aval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address 17. INFORMANT Address Address Address
phy:		Yes, no, or unknown) (II yes grow war or dates of service) Mrs. Alferna Layfield, Princess Anne, Md.
ne death cer ottending p permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
ne death ottendi permit.	П	PART I. DEATH WAS CAUSE (0) Congestive HEART failure
off off ion,	П	DUE TO, OR AS A CONSEQUENCE OF
at the the sit p	П	(onditions, if only, which gave) (b) My ocar dial inforction with Ventricular Aneurysm
fan. by by cre	П	stating the underlying cause DUE ID, DR AS A CONSEQUENCE OF
quires tha physician. signed by buriol-tran	П	
requestion of the sign of the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding the	NO.	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The low rethe hospital or attending this certificote has been letached for use as the begin of Health prior to	CERTIFICATION	YES NO NO CAUSES OF DEATH?
F P P P P P P P P P P P P P P P P P P P	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
ficol He for He		
rerti rerti hed t. of	MEDICAL	[If either, natify medical examiner] P.M. 19 2 Id. INJURY OCCURRED 2 Ie. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 2 If. LOCATION Street or R.F.D. Na. City or Town County State
G PHYSIC the hospit this certi detached te Dept. of	Т	While That while The Control of the Building, ETC.
ATTENDING etoined by the CTOR: After the should be de vith the State		ot work of work of the large standard the deceased from JAN 3, 1968, to JAN 10, 1968, that (1) (see) last
VDING d by t After d be c		22a. I certify that (I) (this despite) attended the deceased from TAN 3, 1966, to TAN 10, 1966, that (I) (w) last saw the deceased alive an TAN 10 1968, and that in (my) (con) opinion death accurred an the date and hour and from the causes stated above, (I) (w) (did) (did s) view the bady after death.
A Price Spine Hard	1	causes stated abave, (I) (100) (did)
retor retor		22b. SIGNATURE DIRECTOR DIRECT
D B C D B C		C / Caracter C /
Moy SAL SAL Po		22d. PHYSICIAN'S NAME (Type) Thomas C. Hill Jr.
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-18 Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban pages should be filled with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72.	22-	B JRIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)
P Se	230	Buy 12/13/68 St. Andrew's Princess Anne, Somerset
E- E 1/4	24.	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
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39 USUAR ESCRIPTION Wildler Street North Wildler Street Street North Wildler Street Stree		1 8	Salisbury	Peninsula	General Hospit	may of working life, even if refired)	INDUSTRY
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The state of the s	ate ictor leos	160	WAS DECEASED EVER IN U.S. ARMED FO	(Address	Box 54
The state of the s	tific nhys n p vai,		es, no, or unknown) (" yes give was or sale	221-05-34	85 Mrs. Jennie E	dna Lewis, Willard	
The state of the s	9 2 E		18. CAUSE OF DEATH (Enter only one	couse per line for (a), (b), and (c))		
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The state of the s	offer n, c		1	1.			
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The state of the s	aw ndin bee or 1	Į.	19a DATE OF OPERATION 19b CONDIT	ON FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
22d. PHYSICIAN S NAME (Type) Dr. Joseph C. Fitzgerald 22e ADDRESS Medical Center, Salisbury, Maryland 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. BURIAL, CREMATION, REMOVAL (Specify) 23d. EOCATION (City or Town) (County) (State)	he on the contract of the cont	昌			YES NO	CALICEC OF DEATHS	
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22d. PHYSICIAN S NAME (Type) Dr. Joseph C. Fitzgerald 22e ADDRESS Medical Center, Salisbury, Maryland 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. BURIAL, CREMATION, REMOVAL (Specify) 23d. EOCATION (City or Town) (County) (State)	A P P P P P P P P P P P P P P P P P P P	L	saw the deceased alive a	n /-29	9 <u>GB</u> , and that in (my) (our)	opinion death accurred an the di	ate ond haur and fram the
22d. PHYSICIAN S NAME (Type) Dr. Joseph C. Fitzgerald 22e ADDRESS Medical Center, Salisbury, Maryland 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. BURIAL, CREMATION, REMOVAL (Specify) 23d. EOCATION (City or Town) (County) (State)	O Out			(we) (did) (did not) view the	body atter death.		
22d. PHYSICIAN S NAME (Type) Dr. Joseph C. Fitzgerald 22e ADDRESS Medical Center, Salisbury, Maryland 23o. BURIAL, CREMATION, REMOVAL (Specify) 23d. BURIAL, CREMATION, REMOVAL (Specify) 23d. EOCATION (City or Town) (County) (State)	With With	Н	22b. SIGNATURE	50 to 08	ATTENDING ATTENDING	MED. STAFF 22c.	DATE SIGNED
22d. Physician's NAME (Type) Dr. Joseph C. Fitzgerald Medical Center, Salisbury, Maryland 23d. Burial, CREMATION, REMOVAL (Specify) Buria Feb. 1,1968 Lewis Family Cemetery Willards, Wicomico, Maryland 23d. Control No Process 23d. Control No Pr	o a B p	L	- prete.	1. 40 Boxes		DIRECTOR L PHYS. L	72100
23a. BURIAL (REMATION, REMOVAL (Specify) Feb. 1,1968 Lewis Family Cemetery Willards, Wicomico, Maryland	nay Po Po fi	L	A14 F 19 \	- L C - C: 412		Contor Salishury	Maryland
230. BURIAL (REMATION, REMOVAL (Specify) Burial Feb. 1,1968 Lewis Family Cemetery Willards, Wicomico, Maryland	A C NER	-	or. Jose		<u></u>		
Burial Feb. 1,1968 Lewis Family Cemetery Willards, Wicomico, Maryland	HG Bge Full Four	230	BURIAL, CREMATION, 23b. DATE				1 //
THE PROPERTY OF THE PROPERTY O	5 5 5 %		Burial Feb.		Family Cemetery	Willards, Wic	omico, Maryland
HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE FEB 2 1913		24.				TED 0 1000	Layella Judgla
The property of the party of th	TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page 3 should be filed		NAME (Type) Dr. Jose BURIAL, CREMATION, REMOVAL (Specify) Burial Feb.	ph C. Fitzgerald	22e ADDRESS Medical	Center, Salisbury	, Maryland (County) (State)

MAKTLAND STATE DEPARTMENT OF HEALTH



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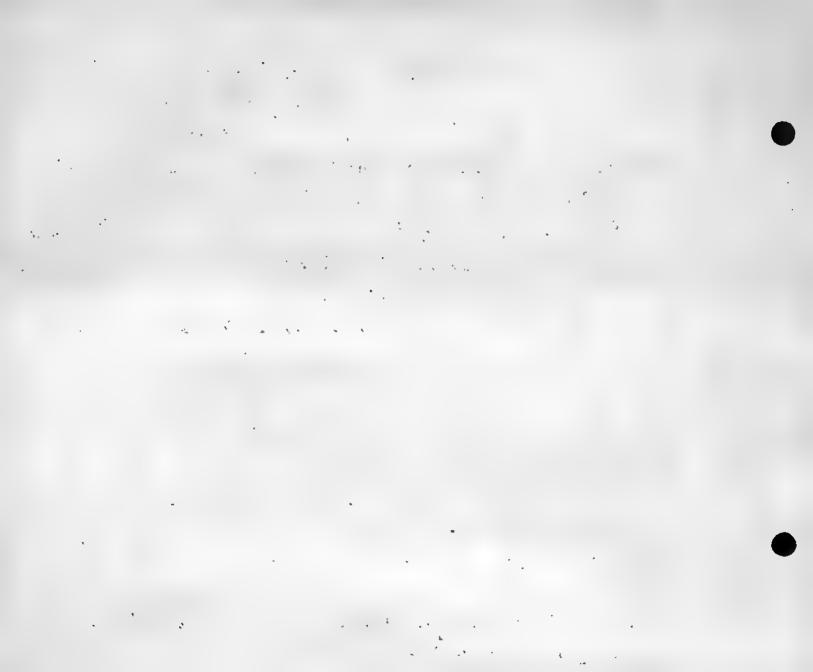
1	MAKTLANU STATE DEPAKTMENT OF HEALTH
TATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 THE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O1828
	DECEASED-NAME First Middle Lost 20 DATE KNOWN DO Month Doy Year 12b HOUR
	(Type or Print) William Russell Maddox DEATH MATED 7 1/29/ 168
- 13	SEX 4 RACE S DATE OF BIRTH 7070 6, AGE (in years if under 1 YEAR I H UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 24 HOLE
П	Male Colored 3/27/19/18 Superintegral Months Days Month 1 Day 29 Year 19 68 A M
	O BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED PINEVER MARRIED 9 COUNTY OF DEATH
	Manokin, Md USA WIDOWED DIVORCED Wicomico
ľ	D CITY OK TOWN OF DEATH III NAME OF HOSP FAC OK INSTITUTION IN NOT IN ROSD FOLITION USUAL OCCUPATION (Kind of work done 112b, KIND OF BUSINESS OR
-	Salisbury, Md Peninsula Gerenal Hospital Labor So USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN Tad in MSDE CITY LIMITS? 13e. STREET AND NUMBER
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1	l k
	John R. Maddox So WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS
	(Yes no, or unknown) (Nyes give war or dates of service) 215-16-3181 Randolph Maddex, Mankekin Maryland
F	TOWN AVAILTY BUTTONS
1	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMPEDIATE CAUSE (a) Congestive heart failure and cor—pulmonale
	193 X DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if ony, which gave (b) Raphysema
	rise to immediate couse (o). Storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
Ţ	lost (c)
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
L	196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D AUTOPSY? WAS PERFORMED?
ı	YES NO
l	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 210 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18)
	CAUSE OF DEATH P.M 19
	2 d MJURY OCCURRED 21e PLACE OF NLURY (At home, farm, street, white not white at work
	220 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
	deoth resulted from: Notural cooses (2), Accident (), Suicide (), Homicide (), Undetermined monner ()
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
ı	DEPUTY MEDICAL EXAMINER 1 1/30/68
	NAME (Type) Philip A. Insley, M. D. ADDRESS(Street, city, town, or county)
f	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Buffat Specify 2/3/68 Samuel Wesley Manokin. Maryland
	24 FUNERAL DIRECTOR ADDRESS ADDRESS 250 REC'D BY REG STRAR 250 REC'D BY RE
I	WILLIAM H. James Jr. Princess Anne Md DAIEFFR 9 1908 Larley June

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		MARYLAND STATE DEPARTMENT OF HEALTH	
/		0.2339 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
•		CERTIFICATE OF DEATH	01829
ج 72		ECEASED NAME First Middle Lost , 20. DATE OF DEATH	2b. HOUR
a E E	(1	(ype or print) REUBEN Thomas mARTIN January Month / 8 Day	
	3. SI		IF UNDER YEAR IF UNDER 24 HRS
\$1V2 15		A 2000 A 2000 ISS (mystagy)	MONTHS DAYS HOURS MIN
byth Page	70		
24 hours in by gers. P		ntry) A/)	
72 24	ļ.,		Md.
是 (章 连		TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane) 131 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 142 USUAL OCCUPATION (Kind of work dane)	126 KIND OF BUSINESS OR INDUSTRY
A with		Salisbury Feminishla General Hospital of working if even of retired.)	tarm
The low requires that the death certificate be executed within attending physician. has been signed by the ottending physicion and completely fill se os the burial-transit permit. Then please remove carbon pth prior to burial, cremotion, or removal, and in any event, within	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution; Residence before, 136; CITY OR TOWN, 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER ISSIAN) STATE 13b. COUNTY JORCESTER SOW HILL YES NOW ROUTE I	
d co	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
on in c		George F Mortin Map	Johnson
ate t icion lease and	160	WAS DEGFASED EVER IN J. ARMED FORCES? (es. no. of unknown) (If fee give wor or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Address	20/11/30/1
quires that the deoth certificate thysician. Signed by the ottending physician burial-transit permit. Then please burial, cremotion, or removal, and	L	(es, no funknown) [11 fes give war or dates of service) 217-36-2238 Edward North Snoc	UHill, Md.
The Fire		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the chirt		Conditions, if any, which gave) ASCVD - Cerebral analysia	2 ureles
y th		rise to immediate cause (a).	
equires that the physician. signed by the burial-transit purial-transit purial-transit purial, cremotians to the control, cremotians to the control, cremotians to the control, cremotians to the control of the control	Г	stating the underlying cause (c) specialized ASCVD	Georg
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fow referring speen	Į.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
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d: The or at the har use ofth	GERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, II	tem 18.1
fical for fired for	₹	I □ OR CONTRIBUTING □ CAUSE OF DEATH	101)
rsicerti hed	MEDICAL	flf either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached for use as the state Dept. of Health prior to		While Not while at wark	
ATTENDING etained by the CTOR: After I should be dith the State	l	22a. I certify that (I) (this hospital) ottended the deceased from	, that (I) (we) fost
N S S S S S S S S S S S S S S S S S S S	١.	sow the deceased alive on 1995, and that in (my) (our) opinion death occurred an the dat	te and hour and from the
ATTENE stained CTOR: A should ith the			
OR ATTENE be retained bretained DIRECTOR: A e 3 should ed with the		ATTENDING TO MED STAFF	DATE SIGNED
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Page 4 moy be retained TO FUNERAL DIRECTOR: A director, page 3 should	230	DURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caupty) (State)
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VR A15 (4) 30M REV. 1/68	74		Cly Jeeder
3UM REV. 1/68	长	Janusser New Church, 16, DATEJAN 22 1968 John	4 0







MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01832 CERTIFICATE OF DEATH tem 5 6 Film G397 1/24/68 ap DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) **PUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funetal director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after debt EMILY Month MATIIDA MOORE 11:05AM 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years F JNOER 1 YEAR last birthday) SHTHOM CAYS HOURS F W May 16. 7o. BIRTHPLACE (State or foreign J 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED WICOMICO WIDOWED 🔀 DIVORCED | 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Deer Shead during most of working ite, even it retired) INDUSTRY Salisbury State Hospital 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d UNSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Kent YES 🔀 NO 🗀 Millington 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle CORGE UKER OREN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address / Yes, na, or unknown) GONIER DORE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (a) Bilateral BETWEEN ONSET AND DEATH Bilateral bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses 4 may be retained by the haspital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🚾 № □ O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year P.M. 21d INJURY OCCURRED
While Not while at work 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote 22a. I certify that In (this haspital) attended the deceased from anuary 9, 19, 68, to January 10,19, 68, that (t) (we) last saw the deceased alive on January 10, 19, 68, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above (IX (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 1/10/68 DEGREE Maryland 22d. PHYSICIAN'S 22e. ADDRESS V. Maldve, M. NAME (Type) Deer's Head State Hospital. Salisbury 23b. DATE 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



				D STATE DEPARTMENT OF		
15		0.72	DIVISION OF VITAL RECORDS,			
		27039		CERTIFICATE OF DEATH		-01833
± 2- ±		CEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
funeral	1 "	ype ar print)	THER BROADUS	MOORE, JR.	January 2	1968 8:50 M
	3. 58		4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF JNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be estained by the haspital at attending physician. INECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral et 3 shauld be detached for use as the burial-transit permit. Then please remave carban papes is Pages and with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 71 haurslatted and with the state Dept.		Male	White	April 14, 1	906 last birthday)	
by the Page	7a	IRTHPLACE (State or fareign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
A h	CQUI	Georgia	USA	WIDOWED DIVORCED	WICOMICO	Md
	10 (IT UK IUWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in haspital 12a US	UAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
£ 2021		Salisbury	Peninsula Ge	neral Hospital Ra	mast of working life, even if retired te Engineer	Public Serv. Co.
ecuted with campletely ave carbainy event, with	13a	USUAL RESIDENCE (Where deceas	ed lived, if institution: Kesidence betate	13C CITE OK TOWN 139 HOUSE GIT	136 STREET AND NUMBER	
cute we we	agrii	ssion) STATE Marylan	d Wicomico	Salisbury YES X	NO 305 New York	- Avenue
e exe and c remo	14	ATHER S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME		Last
be a din i		Luther	B. Moore,	Sr. R	uth	Saxton
e death certificate b attending physicion (bermit. Then please an, ar remaval, and i	160	WAS DECEASED EVER IN U.S. ARA es, na, or unknown) 1 64 yes give w	MED FORCES? 16b SOCIAL SECURITY I		Address	105 New York Ave.
A Shys		No-	255-10-909	Mrs. Lilyan W	ilkes Moore, Sali	sbury, Maryland
The The		18. CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar re		PART I. DEATH WAS CAUSED	O BY. ATE (AUSE (a) PNEU,	MONIA	<u> </u>	5 DAYS
e do	1	147X	DUE TO, OR AS A CONSEQUENCE OF			
the the matter	1	Canditians, if any, which gave	(b) PHADY 1	VO-FAL FI	STULA	10 DAY S
that by ran		rise to immediate cause (a), (stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF			
res sicio led al-tr		last	(1) CABCIN		NX	6 mos =
equires the physician. signed by burial-trar burial, cre		PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART 1(a)	(A 600)
ing ing tal	*	140				
fav end s be as t	Iğ		CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
PHYSICIAN: The law re he haspital or attending this certificate has been letached for use as the Bopt. of Health prior ta	CERTIFICATION	1/5/68 "0		YES NO [<u> </u>	
N.: I ar ar u feal	19	21 a ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEAT	2.00 10000		ter nature of injury in Part 1 or Part :	2, Item 1B.)
Pit and a series	MEDICAL	(If either, natify medical exami	ner) P.M. 19	9		
HYS hos stree ept.	2	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET FAC	21f LOCATION Street or R.F.D. I	Na City or Town	County State
the thirder of the Dode		While Nat while at wark			/	
by frer Stat		22a. I certify that (I) (th	is hospital) attended the decease live an	ed from 19	67, to // 23, 1	196-de , that (1) (we) last
R. A		saw the deceased a	e, (I) (we) (did) (did not) view the	hadv after death.	pinian death occurred an the	date and navr and tram the
Sharing All		22b. SIGNATURE	of (i) (we) (and) (and not) that the			c. DATE SIGNED
dw dw		(1 m) (1	30	- DEGREE PHYS	MED. STAFF DIRECTOR PHYS. DIJ	nuary 26/1968_
AL Page		224 PHYSICIAN'S		22e ADDRESS		7,1700
ERA ERA Ju, F			John M. Bloxom	Medical	Center, Salisbury	Maryland
O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban ashauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within	230	BUR AL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 6 P 8		REMOVAL (Specify) Ja	n.27.1968 Parson	s Cemetery		comico, Maryland
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 25b REGISTRAL	RS SIGNATURE
30M REV 1/68		HOLLOWAY & CO	MPANY, SALTSBURY,	MARYLAND DATEJA	N 3 0 1968 Fall	100



	马	em 72044 & Fidivision of vital a	ARYLAND STATE DE	PARTMENT OF HEAL	TH RE MARYLAND 21201	
-/ Tr-A		Item 6 ralm 3097 1/24/68		TE OF DEATH		01834
veral and 2	D	CEASED NAME First M ype or print) Louisa	Aiddle		DATE OF DEATH	68° 10 A
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remave carban papers Pages and the prior to burial, cremation, ar remaval, and in any event, within 72 haurs office and the prior to burial, cremation, ar remaval.	3. S	FEMALE NEGRO	l'n	bate of Birth	6 AGE (In years lost birthdoy) M	IF UNDER 1 YEAR IF JHOER 24 HRS ONTH'S DAYS HOURS MIN
in 24 haur filled in by papers f filn 72 hau	cau	RRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNT 1tv) Manyland USA	WIDOWED	DIVORCED W	UNTY OF DEATH	M
physician and campletely filled en please remave carban page aval, and in any event, within 7	2	Salisbury Penins	spital OR INSTITUTION (If not in	1 Hospital		12b. KIND OF BUSINESS OR INDUSTRY Retired
ecuted with campletely f ave carban y event, wit	adm	USUAL RES DENCE (Where deceased lived, if institution. Residence of the property of the state of	Oriole	ARZ NO M	13e, STREET AND NUMBER Box 11	
e be ex an and ase rem nd in an	_1	ATHER'S NAME First Middle Enos Jones	I	other's maiden name first Francis Wate		Last
rtificate ohysicia on plea oval, an			ALSECURITY NO 17 INFO		Oriole, Maryl	
eath ce		18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)		Thromboses		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certificate be exerphysician. signed by the attending physician and a burial-transit permit. Then please rema burial, crematian, ar remayal, and in any		Canditions, if ony, which gave nise to immediate cause (o).	EQUENCE OF	CYD		years
equires tho physician, signed by burial-tran burial, crer		stating the underlying couse DUE TO, DR AS A CONSE				7
w required philosoph sen signer signe	No.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	Deabet	ED .	``	
ICIAN: The law repital or attending rifficate has been of far use as the af Health prior ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERA		29a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
PHYSICIAN: e hospital ar his certificate stacked far u Dept. af Heal	MEDICAL CE	(If either, notify medical examiner) P.M.	Day Yeor		re of injury in Port 1 ar Port 2, Ite	m 18.)
G PHYSIC the haspi this certi detached te Dept. a	₹	21d INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, F)			City or Town	County State
Stale Stale		220. I certify that (I) (this hospital) attended the sow the deceased olive on//3 couses stated above, (I) (we) (did) (did not)	ie deceosed from19	1948, not in (my) (our) opinion th.	to 1-13, 196 deoth occurred on the date	s and hour and from the
O HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the		226 SIGNATURE Sweet Til Soul	DEGREE	ATTENDING MED DIRECTO		TE SIGNED - 13-68
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill	L	22d. PHYSICIAN'S NAME (Type)		1	Contar	· · · · · · · · · · · · · · · · · · ·
Page To Fur direct	L	Buriady) I/I7/68 S	t James	0	. LOCATON (City or Town) Priole Maryla:	(County) (State)
VR A15 (4) 30M REV 1/68		funeral director Villiam H. James Jr. Prin	cess Anne, N	2Sa. RECD BY REG	oriole Maryla: STRAR 1968 P. REGISTRARS ST	MAIUR



	1		BUARION OF 107		ALE DEPARTMENT				
	ı	9,245	DIVISION OF VITA		V. PRESTON STREET, I FICATE OF DEA		ND 21201	0183	5
	1. D	ECEASED-NAME Fin	st	Middle	Lost	20. DATE OF DEAT	H		2b. HOUR
l	(Type or print) MA	RGARET	THERESA	MUNDT	Januar	Month Pay	1968	B:45AM
3.	S	EX	4. RACE		S. DATE OF BIRTH	6 A	GE (In years	F UNDER 1 YEAR	IF UNDER 24 HRS
L		Female	WF	ite	December	17, 1915	2 rthday) YRS.	ONTHS DAYS	HDURS MIN
		BIRTHPLACE (State or fore'gn ntry)	7b. CITIZEN OF WHAT CO	MAK	RIED NEVER MARRIED	9. COUNTY OF DEAT	H		
		Pennsylvania	USA		WED DIVORCED	44.	COMICO		Md.
		CITY OR TOWN OF DEATH Salisbury	give street 224 M	r Hospital or Institution oddress) <u>lary Lan</u> d Ave	enue	USUAL OCCUPATION (Kind ing most of working life, a HOSTES	of work done ven if retired)	125 KIND OF B INDUSTRY Restaul	USINESS OR
	13o. odm	USUAL RESIDENCE (Where dece	would blood of house a story in	es dence hefore 13c (1	Y OR TOWN 13d INSID	E CITY LIMITS? 13e. STREET A			
		ission) STATE Marylan			isbury YES 🔀		laryland	Avenue	
	14.	FATHER S NAME First	Middle	Lost	15. MOTHER'S MAIDEN N		M ddle	M-O	Lost
	14.	Henry WAS DECEASED EVER IN U.S. A	John	Mundt SOCIAL SECURITY NO		lose			inty
		Yes, no, or unknown) (If yes giv		6-03-7414	Mr. Paul Mun	ndt (Brother)	378 Phir Glen Bur	nie. M	d acyland
		Conditions, if ony, which governise to immediate cause (o) storing the underlying couse lost PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A C	Onsequence of	0 (SE OR CONDITION GIVEN IN P	ART I(o)	COCANA	
,	CERTIFICATION		b CONDITION FOR WHICH OF	PERATION WAS PERFORMED		20b. IF YES, I CAUSES OF D	VERE FINDINGS CON EATH?	SIDERED IN CEP	TIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, notify medical exor	EATH HOUR A.M. Mo	RY nth Day Year	c. HOW INJURY OCCURRED		ort 1 or Port 2, Ite	m 18.)	
	MEL	21d. INJURY OCCURRED 21 While hot while of work	e. PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTORY) 2 BUILDING, ETC.	IF LOCATION Street or R.F.			County	Stote
		22a 1 certify that (I) (1 saw the deceased causes stated abor	this haspital) attende alive an	<u> </u>	, and that in (my) (aur	19.60 L., ta r) apinian death accur	red an the date	· and haur a	(I) (we) last nd fram the
		22b. SIGNATURE LO DOW 22d. PHYSICIAN'S NAME (Type) Dr.	O CO Wilber R. El	lis, Jr.	DEGREE ATTENDING PHYS 22e. ADDRESS Medical	MED STAI DIRECTOR D STAI Center, Sal	5. □ Jan	te signed Luany / Mayylai	///1968 nd
	230	DEMOVAL (Country)	DATE 12 1069	23c. NAME OF CEMETER		23d. LOCATION (Cir		(County)	(State)
1	24.	FUNERAL DIRECTOR	an. 12,1968	ADDRESS	250. R	EC'D BY REGISTRAR 2	Maryland Sb. REGISTRARS SI	GNATURE	
		HOLLOWAY & CO	MPANY, SALTS	BURY, MARY		IAN 16 1000			see.



DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7b Film #G397 1 FETTER ATE OF DEATH CERTIFICATE OF DEATH 018361. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR burial, grematian, ar remaval, and in any event, within 72 hours after death Pro 14 (Type or print) Month Arrest NEHI Jan. 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 6. AGE (In years IF UNDER I YEAR HOURS Male last birthday) DAYS White 11/18/85 200 requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED TO .= country) Sweden Russia WIDOWED [7] DIVORCED [MICOMICO physician and completely filled en please remove carban pape NAME OF MOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Deer's Head State Hosp. during most of working life, even if retired.)
Saw mill worker INDUSTRY Salisbury, Md. Saw Mill 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13CLETTY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Elkton YEST NO T Rt 7, R.D. # Cecil 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no at unknown) (If yes give war or dates of service) Hospital Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of lung signed by the attendii burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Years Conditions, if any, which gave) Generalized arteriosclerosis rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to l 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20g AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🟋 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from 12/6, 19-67, ta _1968_, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an _ causes stated above, (1) (WA) (did) (did); view the body after death. 22b, SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 1/8/68 DEGREE PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) H. Winnacott, M. D Deer's Head State Hospital, Salisbury, Ad. 230 BURIAL, CREMATION, 311 - 236 DATE County) (State) Hicks VR A15 (4) 30M REV. 1768



				D STATE DEPARTMENT OF		
		31347	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	0.5 (15)34
11		02024	m ² %	CERTIFICATE OF DEATH		01837
E Jare		CEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b HOUS
ond death	(1	ype or print) HATTIE	GLADDING	NOCK	January 8	1968 4:20 M
	3. 5	Х	4. RACE	S. DATE OF BIRTH	6 AGE (in years	IF UNDER YEAR IF UNDER 24 HRS
£ 16		Female	White	November 5,	1882 lost highday) YRS.	MONTHS DAYS HOURS MIN
rours of or the state of or Boxs of fer	7o I	SIRTHPLACE (State ar foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	cour	Mary land	USA	WIDOWED TO DIVORCED	WICOMICO	Md
filled filled thin 77	10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 120 US	UAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
with ely f ban with		Salisbury	give street address)	neral Hospital	most of working life, even if retired.) Housewife	INDUSTRY Hone
e executed with and campletely f remave carban any event, wit	130	USUAL RESIDENCE (Where deceose	Peninsula Ge d lived, if institution Residence before	13c CITY OR TOWN 13d. INSIDE CITY	(UMITS? 13e. STREET AND NUMBER	
ecuted v camplete save cark	odm	ssion) STATE Marvland	Wicomico	Salisbury YES	NO□ 1004 Camden	Avenue
exe any	14. 1	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Last
be ey and a rem	1	William	ı J. Jenki	ns S	Sarah	Topping
e death certificate b attending physicion permit. Then please an, ar remaval, and i	160	WAS DECEASED EVER IN U.S. ARMI es, no, or unknown) (If yes give wo	ED FORCES? 166. SOCIAL SECURITY I	Mr. Ernest J.	Nock (Son) Address	isbury, Md.
hys n p		es, no, or unknown) (" yes give wo	of doisy of Marks	Mrs. Audrey	. Esham (Daughter) Rerlin Md
the parties and the parties an		18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c).	,	. 1	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
ath indirection of the second	L	PART I. DEATH WAS CAUSED IMMEDIAT	BY. Congest	ive Heart of	ailure "	24-110216
atte	ı	H '	DUE TO, OR AS A CONSEQUENCE OF	1 1/	t 0	10
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that the an. by the ransit p		rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			4
ed ed al-tr		last. 4221	(c)			
equires t physicia signed k burial-tr burial, ci		PART 2 OTHER SIGNIFICANT CONF	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)	
ing en ta	×	Ca. Dre	258 K	reunala.		
the law ratending attending has been is as the h priar ta	Ĭ	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
PHYSICIAN: The law requires that the death certificate be executed within 24 hourse haspital or attending physician. This certificate has been signed by the attending physician and campletely filled in the stacked for use as the burial-transit permit. Then please remave carban papers. Poept of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hourse.	CERTIFICATION		<u>.</u>	YES 🗍 NO [
YSICIAN: aspital or certificate hed for ur of Health	SALCE	276. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH		21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Port 2,	Item 18.)
Pitch of the	WED C	(f either, natify medical examine	8r) P.M			
has seache	*	21d MadRY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	JORY) 21f. LOCATION Street or R F.D. N	la. City or Town	County State
G PHY the hy this defact de Dep		at wark at wark		1017	10	10-
DING J by t After J be d		22a. I certify that (I) (this	s haspital) attended the decease	ed fram \2 50 , 19. 9 0 A, and that in (my)/(aur) a	00 , ta 1 5 1, 19	that (I) (we) last
F. A red the the	L	causes stated abave.	ive an	7 <u>u. g.,</u> and marjin (my)((aur) a bady after death.	biuran asain accorrsa ou live aa	ire and navr and tram the
Sho Stair	L	22b. SIGNATURE			720	DATE SIGNED
OR ATTENDING be retained by the NRECTOR: After the 3 should be do			A Ave	DEGREE PHYS	MED STAFF Jan	uary 9 /1968
AL Dogo file		22d. PHYSICIAN'S		22e ADDRESS		
ERA ERA Jur, F	ш	NAME (Type) Dr. 0.	.J. Burton	Medical	Center, Salisbury	, Maryland
Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papel shauld be filled to the State Dept of Health priar ta burial, crematian, ar remayal, and in any event, within 72	23a.	BURIAL, CREMATION, 236 D		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 5		RBYGYA-(Seqify) Jan			Salisbury, Wic	
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRESS	25a. RECD	BY REGISTRAR 25b REGISTRARS	SIGNATURE
30M REV. 1/68		HULLUWAY & COM	MPANY, SALISBURY,	MARYLAND DATE J	AN 12 1968 gold	arter Just







	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
F (2) E	1 DECEASED NAME First Middle Lost 20 DATE OF DEATH 20 HOUR
after deoth he funeral ges l'oude afte deoth	(Type or print) If ARRV T: NUTTAL TANUARY 2Day Year 1/5 M
fun	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS.
	MALE WHITE JANG, 1886 PAINTHOUS MAN
\$ \$ \$	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	WIDOWED DIVORCED WICOMICO
pag unu	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR
with your with with	Salisbury Peninsula General Hospital working life, even if refired.) INDUSTRY
ecuted with completely ove carbor y event, wi	13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS2 13e STREET AND NUMBER
omp ove	admission) STATE 11-AND 136 COUNTY COMICO HERRON YES NO DE
ond comprehensive on the comprehensive on the comprehensive or the compr	14 FATHER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle Lost
be not din din	JAMES NUTTALL ELIZA G. CAULK
equires that the deoth certificate be executed within 2 physicion. signed by the ottending physicion and completely filleburial-transit permit. Then please remove carbon pabburial, cremation, or removal, and in any event, within	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes no, prunknown) (If yes give war or dones of service)
rtitic ohys	(1988) NO. OF LINKHOWN) (1988) IN OWNER OF SOME OF SOM
he deoth ce: ottending p permit. The	18. CAUSE OF DEATH (Enter only one cause per time for (a) (b) and (c))
eoth andi	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Characon collection of the server 3 mm
off on,	4129 DUE TO, OR AS A CONSEQUENCE OF
the sit	Canditians, if any, which gave (b).
tho on. by fran crer	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ires ysidi ned ial-	last, (t)
The law requires that the attending physicion. hos been signed by the ce as the burial-transit physicion to burial, cremotion.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding een the tro	190, DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 120b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law ratending hos been se as the h prior to	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO FOR CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 236. TIME OF INJURY 216. HOW INJURY OCCURRED (Fater nature of injury in Part L or Part 2, them 18.)
Se h a se h	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
fical of the form	G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
PHYSICIAN: The law requires that the deoth certificate be executed within 24 bours he hospital or attending physicion. This certificate hos been signed by the ottending physicion and completely fulled may etoched for use as the burial-transit permit. Then please remove carbon papers. Be Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours	214 INVIEW OCCUPRED 216 PLACE OF INVIEW LATHOME FARM STREET FACTORY \$1.214 LOCATION Street or R.F.D. No. City or Town County State
PH) his and people be	White Nat while of wark at wark
NG Y th e d to ote	22a. I certify that (I) (this haspital) attended the deceased fram. 1//2 1968, to 1/24, 1969, that (I) (we) lost
ATENDING stained by the CTOR: After the Should be doubt the Stote	saw the deceased give an 1/23 - 1964 and that in (my) (earl-opinion death occurred on the date and haur and from the
OR ATTENI be retained DIRECTOR: A je 3 should ed with the	couses stated abave. (H) (we) (did) (did not) view the body offer death.
M A A A A A A A A A A A A A A A A A A A	22b SIGNATURE DEGREE PHYS DISPETTOR DISPETTOR PHYS 22c. DATE SIGNED
De	22d. PHYS. LIDIRECTOR P
RAI Po	NAME (Type)
Page 4 may be retained by the hospital or attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to	230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Pog Haire	TREMOVA (Specify). 1/27/1967 FIREMEN'S SHARITTOWN, M-D
	24. FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE
30M REV. 1/68	MACRICE E. NEWNOML SAN SHARPTOWN MODATEJAN 29 1868 y worker Judge



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FOR STATE		Item#2a	Film#G	MEDI		WINER'S				LANU ZI.	ZUI		018	11
HEALTH DEPTY!		ECEASED NAME Type or Print)	Firs	st	Mil	idle	Lo	ost			KNOWN		Day Year	
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P 3 3 to 15	3 5		4 RACE	S DATE OF B		6 AGE (in year last birthday)	MONTHS 1	YEAR IF UNDAYS HOUR	NDER 24 HRS		RONOLNCED	DEAD		2d. HOUR
de A		Male	White	June 29	,1914	53 Y		DA 3	, ,,,,,	Janu		Day	Year 16	3 N
1, 2, g	70	BIRTHPLACE (Stote	or fore gn	76 CITIZEN OF W	HAT COUNTRY?	8 /	ARRIED NEV	ER MARRIED [9 (0)	NTY OF DE	ATH			
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s after 18 Gir e alang 2 with death.	130.	USUAL RESIDENCE	E (Where deced	sed lived, if instr	ution: Residence	e before 13c. Cl	_		CITY LIMITS?		T AND NUMB			
hours after lem 18 Gi Office alanç and 2 with		umission) state		d 13b. COUNTY		o De	lmar	YES X	ON	606	State	Stre	et	
hours Item 18 Office Tand 2 v	14 (FATHER S NAME	First	Middi		Lost		S MA DEN NA			Midd			LOST
24 In It is considered to the second to the			Benjami		ison	Parson			.ena		Bei			Short
w thin 24 pencul in xaminer's rie pages 72 haurs		WAS DECEASED EV			16b SOCIAL SE		17 INFORMANT							Street
w fil per xarr xarr xarr 72		es	War	e war or dates of service) III	214-10	0-9945	Mrs. No	orma K	. Par:	sons,	Cambr	idge,		
suld be executed without or			DEATH (Enter of	nly one couse per	line far (a), (b),	ond (c))	^	0	_				BETWEEN O	NATE INTERVAL OT AND DEATH
be executed "pending" in itef Medical E insit permit Pevent within		TAKE I D		IATE CAUSE (a)	Con	~~~	~	علاجم (\sim			Aug	Wen
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This certificate should be executed within 24 hours after death licate, writing the word "pending" in pencil in Item 18 Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm discused as a bunal-transit permit. File pages land 2 with the State Deat remayal, and in any event within 72 hours after death.		11 0		DITIONS CONTR BU	TING TO DEATH	BUT NOT RELATE	D TO THE TERMI	NAL DISEASE	OR COND TIO	N GIVEN IN	PART I(a)			
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INE INE e ce shar files 3 shar atro	MEDICAL	CAUSE OF DEAT		PLACE OF INJURY	M. (At home form		21f LOCATION	Street or R.F.D.	₩o	City	ar Town		County	Stote
EXAMINER: cute the certifage 4 shauld r your files. :Page 3 shauld, cremation,		WHILE NO		actory, affice buildi		, 21, 20.,	111 000111011	J., 001 01 X 1 D		c.,, ,	2) 10 11		cuony	31010
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o DEPUTY necessary, p the funeral s may be re D FUNERAL Health prina		NAME (Type)		mden Ave		isbury.	Md.		treet, city to			LCDI.		7 700
The Figure Here	23a	BURIAL CREMAT	FON, 23b	DATE		IAME OF CEMETE		RY	23d	LOCATION	(City or Town	n) (Caunty)	(State)
		Burial	fy)	b. 3.196	8 Pari	sonsbur	Comet	orv	P	arson	shura	Wicor	nico.M	arylano
	24	FUNERAL DIRECTO		<u> </u>	ن القال	ADDRESS	J. CEILIGE	25a F	REC D BY REC		2Sb REG	SISTRAR S S	GNATURE	
VR A15ME [5]		HOLE OF	AY & CF	MPANY. S	AL TSRU	RY. MAR	YLAND	D.Da	B 7	1968	1 pel	ionla	Judg	T.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.1052 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Manth Natalie Parton Leo Jan. 4. RACE 6 AGE (In years 3 SEX S. DATE OF BIRTH IF UNDER 1 YEAR Jass birthday) and completely filled in by the remove carbon papers. Pages White Nov.26,1901 Female ourial-transit permit. Then please remove carbon papers. Pa burial, cremotion, or removol, and in any event, within 72 hours 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MITTA. Penna. U.S.A. WIDOWED [7] DIVORCED [Wicomico 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Head State Hosp. Hetired School Teacher give street oddress) Salisbury Education 13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER YES X NO None Pittsville wicomico IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Meddle Lost Virginia Neumeyer Parton May Povey George 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. at unknown) (If yes give wor or dates of service) None Hospital Records APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Bilateral I BETWEEN ONSET AND DEATH Bilateral Broncho Concumentan Lar Discare signed by the attendir burial-transit permit. 1 Mo. OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease-Decompensated Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Multiple Rheumotoid Arthritis **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. TIME OF INJURY or contributing acause of DEATH (If either, not fy medical examiner) HOUR A.M. Manth Day Year 21d IN.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 10/16/67, 19, to 1/1/68 saw the deceased alive by 1/7/68 19, and that in (my) (our) opinion death occurred on and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE 22e. ADDRESS 22d PHYSICIAN'S Box 2018, Salisbury, Md. - 21801 NAME (Type) L. Maldve, M.D. 23c NAME OF CEMETERY OR CREMATORY
At. Olivet Cemetery 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL, CREMATION, 1-9-1968 Washington, D.C. REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sp. REC D BY REGISTRAR VR A15 (4) ISBUCU: M 30M REV 1/68



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1	DEC	ASED-NAME	First		Middle		Lost		20. DATE OF DEATH		(7 4.	2b HOUP M
		e or print)	UNOU	S	DELM	AS	PENNEWE	LL		ry 29	Y 1968	
3.	SEX			4 RACE			S. DATE OF BIRTI		6. AG	E (In yeors	F JHDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
L		Male			hite		April 1	, 1907	last c	birthdoy) YRS	MUNINS DAYS	MODES WIN
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13	3a U	SUAL RESIDENCE (on) STATE	Where deceose	d lived, if instit	tution: Residence b	efore 13c. C	TY OR TOWN 13d	i. Inside (Ty Lim	UTS? 13e. STREET A	ID NUMBER		
Ŀ		Ма	ryland		_Wicomic		uitiand	'ES NO	cedai	Stree	t	
/ I'	4. FA	HER S NAME	First	Middle		Lost	15. MOTHER'S MAID		'st	Middle		Lost
H.	4 14	AC BECEASED FAI	<u>Levin</u>	ED FORCECO		ewe 11		Lydia		M. B	ox 97, (Long Cedar St
		rAS DECEASED EVE , no or unknown) NO		ED FORCES? or or dates of service)	215-07-		Mrs. Beul	ah E.	Pennewe 11	Vada (622		
F	$\overline{}$			y one couse per	line for (o), (b), o	nd (c).)	 		· · · · · · · · · · · · · · · · · · ·			MATE INTERVAL INSET AND DEATH
		PART I. DEAT	H WAS CALISED	BY TE CAUSE (0)	Cereb		ascular A	rend	A			lays
		of i	Immedia		R AS A CONSEQUEN							1
		onditions, if ony,		/b)		سعد	ensis D	2	Unid		7.	
- 1		se to immediat toting the under		DUE TO, OF	R AS A CONSEQUEN		70		8			
		ist.)	(c)								
	Ĩ	ART 2. OTHER SI	GNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT RELA	TED TO THE TERMINAL D	ISEASE OR CO	INDITION GIVEN IN PA	RT 1(o)		
	<u>.</u>	31X 6	July	mary	Druple	1 sec	, can	Pul	morall	-		
/ [CE FICALIO	o. DATE OF OPER	ATION 19b. (ONDITION FOR V	WHICH OPERATION V	AS PERFORME		Y?	20b IF YES, W		CONSIDERED IN C	ERTIFYING
							YES 🔀	NO 🗌				
		TO ACCIDENT WA			OF INJURY M. Month Doy		It. HOW INJURY OCCUR	RED (Enter	noture of injury in Po	ort 1 or Port 2,	Item 18.)	
	ا ۾	f either, notify n	redical examin	er) P.A	M.	19						
ľ		Id. INJURY OCCU White Not who work at work	IRRED 21e.	PLACE OF INJUR	AT HOME FARM, STI OFFICE BUILDING, E	TC.	21f. LOCATION Street o	or R.F.D. No.	City or Tov	m	County	Stote
	12	2a I certify	that (I) (thi	s haspital) a	ttended the de	ceased fra	n = 1 - 2 6, and that in (my)	. 19.6	8 , 10 1-2	9, 19	GF, that	(I) (we) last
- 1	П	saw the	deceased al	ive an	- 5-d	19 <u>6 8</u>	, and that in (my)	(our) apin	ian death occurr	ed on the d	ate and haur	ond from the
-1	- 1-	2b. SIGNATURE	gregionove	, (1) (We) (alc	d) (did not) viev	v me body o	mer geam.			1 22.	DATE SIGNED	
	ď		all	4)/4	Alle		DEGREE ATTENDING PHYS	X ME	ED STAF		nuary 3	0/1968
	12	2d. PHYSICIAN'S		1/(/		Co Colonia					ilual y el	2/1900
1		NAME (Type)	Dr. Ro	bert T.	Adkins		Fru	itland	d, Marylar	nd		
2	30 I	URIAL, CREMAT O					Y OR CREMATORY		23d. LOCATION (City		(County)	(Stote)
L		EMOVAL (Spreify)	Feb	. 1, 19			emorial Pa		Salisbur			Maryland
2		INERAL DIRECTOR	V C CON	DANY C		DRESS	IL DALID	SO REC'D BY		b REGISTRAR	S SIGNATURE S	udger
		JULLUWA	T & LUM	IPANT, S	SALISBURY	MAK'	LAND	DATE FE	B 2 198	0 1	1	0



	0,254	DIVISION (MORE, MARYLAND	21201	
	コイアジガ			CERTIFICATE	OF DEATH		0.18	444
	W A	rst	M ddie	Lo		20. DATE OF DEATH Month	Day Year	25 HOUR
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W. a	MAle		hit.		y 4, 190		rday) MONTHS DA	
7a	BIRTHPLACE (State or fareign intry)		WHAT COUNTRY?	8. MARRIED AND NEV	/ER MARRIED 9	COUNTY OF DEATH		
	. New TOLK	1	USA	WIDOWED	DIVORCED	Wicomico		A
	CITY OR FOWN OF DEATH Salisbury	2	NAME OF HOSPITAL OR IN	General	HOSO TO	OCCUPATION (Kind of w	rark done 126 KIND	of BUSINESS OR hicken
13a	USUAL RESIDENCE (Where dec	eased lived, if insti	tution Residence before	13c CITY OR TOWN	13d INSIDE CITY WM	139. STREET AND N		HERCH
adn	ssian) STATE _aryl.	13b. COUNTY	mientico	willar	₹S YES NO	R R	FD	
14.	FATHER'S NAME First Alfre	Middle			ER'S MAIDEN NAME Fir		Middle	Last
160	. WAS DECEASED EVER IN U.S. /		leterson			ie Smadber	Address	
	Yes, na, oc unknown) (If yes ar	ver wor or dates of service)	218-12-	1745 Rut	h Faters	en dille	ards a	
	18. CAUSE OF DEATH (Enter	anly one cause pe	line fo r:(a) , (b), and (c	1 1	10	19111		ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAU	DIATE CAUSE (a) _	Jubl	olal G	CELLESION	of Kiff O	many Si	Selen
	Canditians, if any, which gas	/e)	R AS A CONSEQUENCE OF	Carde	- Dre d No	Helen 7	sécrio 11	uh/
	rise to immediate cause (a stating the underlying caus		R AS A CONSEQUENCE OF		2 5	and of	120	
	last	_) (c)_	t	- /				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT N	IOT RELATED TO THE T	ERMINAL DISEASE OR CO	INDITION GIVEN IN PART I	(a)	
FICATION	190. DATE OF OPERATION 1	% CONDITION FOR	WHICH OPERATION WAS PI	ERFORMED 200	a AUTOPSY?		FINDINGS CONSIDERED IF	CERTIFYING
CERTIFIC					YES NO			
	210 ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.		21c HOW INJU	URY OCCURRED (Enter	nature of injury in Part 1	or Part 2, Item 18}	
MEDICAL	(If either, natify medical exa 21d. INJURY OCCURRED 2	miner) P 1e PLACE OF INJUR	Y / AT HOME, FARM, STREET, FA	Q 21f, LOCATION	Street or R.F.D. Na.	City or Town	County	State
	While Not while of work		OFFICE BUILDING, ETC.	10	11.2	te a.	· 1 c/	
	22a. I certify that (I) (saw the deceased couses stated abo	this haspital	Hended the deceas	ed from C	10 (my) (aux) apin	X, to Jawi	, 19 <u>68</u> , th	at (I) (we) I
	couses stoted abo	ove, (i) (we) (di	d) (did not) view the	body after death	iii (iiiy) (ddi) dpiii	non deans occorred t	on the dole ond no	Ji Olia Irolli i
	22b. SIGNATURE	1. b-A	less.	DEGREE P	ATTENDING ME	D STAFF	221/ DATE SIGNED	9/4/
	22d. PHYSIC ANS	RM (J)	and of		2e. ADDRESS DIR	RECTOR I PHYS.	h france	(8 / 100
	NAME (Type)	Iterb	er/Je	mbly	Hall	slowy,	Yud 2	1801
236	REMOVA, (Specify)	b DATE		CEMETERY OR CREMA	†ORÝ .	23d LOCAT ON (City or)	Town) (County)	(State)
24.	FUNERAL DIRECTOR	1/20/63	/ADDRESS	Eope 1	2Sa REC'D BY	REGISTRAR TOSE	REGISTBAR'S SIGNATURE	
-	Tille 1111	ralus	A Sheet	416 AC	DATE JAN	2 2 1968	finaries &	-



	1			01055		. 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 21201	
1	•			31304		CERTIFICATE OF DE		01845
Y	. 2 .		1 DE	CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b HOUR
	death and death			ope or print)		PINKETT	JANUARY 27	1 1 4 6 8 10 A. M
	S E D E		3. SE		TARACE /	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	24 hours after to her? Pages the Thomas after the Pages the Thomas after the		J. J.		DEGOD		last birthday)	MONTHS DAYS HOURS MIN
	haurs Pa		7a F	EMALE IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	August	444	
	E 5.4		เดนเ	iry)		8 MARRIED NEVER MARRIED WIDOWED DIVORCED	□	84.1
	9 0 0		1D C	Laryland TY OR TOWN OF DEATH	U.S.A.	MSTITUTION (If not up beenite)	2a USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
	The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and campleted the seast the burial-transit permit. Then please remave carbon path priar to burial, crematian, ar remaval, and in any event, within	7.	1	alisbury	Peninsula	Gararal Hos	puring most of working life, even if retired.)	INDUSTRY
	and campletely fi				sed lived, if institution. Residence before	13c, CITY OR TOWN 13c II	NSIDE CTY LIMITS? 136. STREET AND NUMBER	
	mple e cc	1)	admi	ssian) STATE _	13b COUNTY		▼ NO□ 232 Delawa	ne Ct
	xect		14. F	ATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN		last
	and ren	1						
	ate be ician c lease and it		160	WAS DECEASED EVER IN U.S. ARI	NED FORCES? [16b, SOCIAL SECURIT	(NO. 17. INFORMANT	Address	Salis- Md.
	e death certificate t attending physician permit. Then please an, ar remaval, and		Y	es, no, ar unknawn) (If yes give v	war av datas af service)		Thomas 232 Delay	
	erti ph hen nav		H		nly one cause per line for (a), (b)/and (a			APPROXIMATE INTERVAL
	th ding			PART I. DEATH WAS CAUSE	D BY-	ionalica Xt.	the I die	BETWEEN ONSET AND DEATH
	attendi permit. ian, ar r			4129 IMMEDI	ATE CAUSE (o)	.0 6. 6.004-0. 1064	- Hear proces	371-
	the at			Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE O	r		
	of the nsit permate			rise ta immediate cause (a),	(b)	E		
	s that t cian. d by the l-transit), crema			stating the underlying cause		r		
	equires the physician. signed by burial-tran				(c)	NOT RELATED TO THE TERMINAL DIS	FASE OR CONDITION GIVEN IN PART 1(a)	
	red g p o pr o by				deliner deliner we le serie			
	law re nding been s the iar to		150N	19g DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20g. AUTOPSY?	206. IF YES, WERE FINDINGS O	CONSIDERED IN CERTIFYING
	YSICIAN: The aspital or attercertificate has hed far use aspital or atterpt of the aspital of th	7	CERTIFICATION			YES (T)	NO CAUSES OF DEATH?	
	re de la company			210. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJURY	21c HOW INJURY OCCURRI	ED (Enter nature of injury in Part 1 ar Part 2,	Item 18.)
	Ference Francisco		MEDICAL	or contributing Cause of DEA	TH HOUR A.M Manth Day Yeariner) P.M.	or 19		
	PHYSICIAN: e haspital ar his certificate stached far u Dept. af Hea		₽¥.	214 INHIPY OCCUPPED 216	PLACE OF INJURY (AT HOME, FARM, STREET,	ACTORY.) 21f. LOCATION Street or	R F.D. Ng. City or Town	Caunty State
	he he this this detacle			While Nat while at wark	OFFICE BUILDING, ETC.	// //	10 17	
	by the ffer the decidence of the deciden			22n I certify that (i) (th	ns haspital) attended the decea	sed frame 18 18	, 1907, to 27, 19	(d), that (l) (we) last
	NDI d b d b d b			saw the deceased o	live on Ficha 2 2.	.19.6 /. and that in (mv) (c	aur) apinian déath accurred an the d	ate and hour and fram the
	OR Property				e, (I) (we) (did) (did nat) view th	e bady after death.	00	DATE COMES
1	ret ret RECI			22b SIGNATURE		ATTENDING	C MED. STAFF	DATE SIGNED
nut.	be 3			22d. PHYSICIAN'S	17 Litur	DEGREE PHYS.	DIRECTOR PHYS. C	
	May RAL Pod be f			NAME (Type)		ZZE. ADDRESS		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cre	6	20.	DUDIA COSMATION DOL	DATE 22 MAAR A	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	Page direct	V	230.	BURIAL CREMATION 23b. REMOVAL (Specify)				
	5 5 5 2	T		FUNERAL DIRECTOR	1/1968 Gree	n Acres	Salishury Ad	S SIGNATURE O
	VR A15 (30M REV 1	/68	1	Tit of	tu +	DA	EED 0 1000 12	iaris judge
			0	(T. J.	war	UA UA	N .400 A	M

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> 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01846
HEALTH DERT.	1 [DECEASED-NAME F.rst Middle Last 20 DATE KNOWN Month	Day Vary 19, HOUDS
EACH FILE		(Type or Print) William Flynod Discorr	10 12
Poy is	3 5	DEATH MALES	27 -6 3 3 5 M
delay and 3 M3 Pag	"	But a station of the	Type / day /
P. 2.5	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 09 SHS/M
ss 1, 2, report to be port	cour	ntry)	
£ 8 4 8	10 +	Maryland USA WIDOWED B.VORCED Wicom CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hasp to 120, USUAL OCCUPATION (Kind of work done)	12b K ND OF BUSINESS OR
offer death 8. Give Pagi alang with with the Sta		give street oddress) during most of working life, even if refired)	Electric Co.
Give mg h th	130	William Street Clerk USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LANTS? 13e STREET AND NUMBER	LIECTITO CO.
s after 18. Giv e alang 2 with death.	0	odmiss on) STATE Maryland 13b COUNTY Wicomico Fruitland YES NO William Stree	t
thours them 18 Office land2 after d	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 h in the r's Off rs off		Elwood M. Pusey Zenia Ellen	Townsend
th n 24 notl in nuner's pages haurs	160	WAS DECEASED EVER IN L'S ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT (WITE) ADDRESS WIT	liam St.
	{	Yes no or unknown) War and or dates of service) 219-07-3076 Mrs. Laura L. Pusey Fru	itland, Md.
d with person Exon. File		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in nief Medicai E. ansit permit. F event within		PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) Coronary occlusion	Sudden
mdinding Mer		DUE TO, OR AS A CONSEQUENCE OF	
be pe inef		Canditions, if any, which gave (b)	
ould vard he Ch ial-tro any		rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	
should be e te ward "per a the Chief I burial-transit		last. (c)	
This certificate should cate, writing the ward be farwarded to the Cl		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rfica iting ardec	Z.	4201	
certif arwai used mava	CATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his arte, be to reer	CERTIFICATION		YES NO
INER: The certificate shauld be files.		21a EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Day, Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, its PRIMARY OR CONTRIBUTING HOUR A.M	em 18.)
XAMINER: te the certring 4 shauld your files. age 3 should cremation,	MEDICAL	CAUSE OF DEATH P.M. 19	
	28	21d INJURY OCCURRED 21e P.ACE OF INJURY (At home, form, street, while Not while Not while foctory, office building, etc.) 21f LOCATION Street at R.F.D. Na. City or Town	Caunty State
		AT WORK AT WORK	
Section 1			and in my opinian
please ex I director. retoined (I) DIRECTO		death resulted from: Natural courses 💢 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF DATE	*****
DEPUTY ecessory, p he funeral I may be re FUNERAL I		SIGNATURE ASS STANT MEDICAL EXAMINER 220, DATE	
SSOR SSOR Fund The H		EXAMINER'S Earl L. Royer M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	28-68
TO DEPUTY necessary, p the funeral 5 may be n TO FUNERAL Health pria	22-	BURIAL, CREMATION, 1 23% DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCCATION (C ty or Town)	(Caucha) (State)
2	230	PEMOVAI (Specify)	(Caunty) (State)
0	24	Burial Jan. 30, 1968 Olivet Cemetery Worees FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 3	
VR A15ME (5)		MILIAN 3 1 1968 (* - 27	ola Judge
10M REV 1/68 5		Holloway and Co. Salisbury Md. Dale Tool f	



	1 1		MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
	E 780 E		CERTIFICAT	E OF DEATH	01847						
	desth.	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution;	Residence before admission)						
	after det		WI COMI CO MARYLAND	a. ATATE (24) LAND b. COUNTY A	LBOFF						
	by by age		b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (In outside corporate limits, write RURAL	and give nearest town)						
	24 hours filled in b apers. Pa	-	d NAME OF HOSPITAL OR INSTITUTION (IP) of in hospital, give street address)	CHOCHE RAJJON	10.000.000.000						
5	n 24 y fille pape thin 72		Booth St. Solishing Home	d. STRÉET AOORESS	e. IS RESIDENCE ON A FARM? YES MO						
	with with the state of the stat	3.	NAME OF First Middle DECEASED (Type or print)	O Last 4. DATE Month	Oay Year						
	comp seen	5.	SEV SOLO SOLO	8. DATE OF BIRTH 9. AGE (In years IF UNDER	5 - 19 /8						
	executed within and completely remove carbon in any event, within	10	M WIOOWEO D DIVORCEO	NOV5, 1881 last birthday) Months	Oays Hours Min.						
	e be rsician lease and in	qui	USUAL OCCUPATION (Give kind of workdone ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	OUNTRY 2						
	requires that the death certificate be executed within 24 hours afferding physician. been signed by the attending physician and completely filled in by the the burial-transit permit. Then please remove carbon papers. Pages in to burial, cremation, or removal, and in any event, within 72 hours after the burial.	13	FATHER'S NAME AMES P. RRESE	14. MOTHER'S MATCH MATTH	ENC						
	oth cel	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or uphown) (If yes give war or dates of service)	INFORMANT HILE BEAVEN EAST	-6 N MD						
	the attorn		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ITULDY VERVER EAST	. 6 1						
	m. by by ansit		PART J. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DICLUSONICS		INTERVAL PETWEEN						
	thal sicia gned al-tr		OUE TO		7.00						
	phy phy pur si pur si pur		Conditions, If any, which gave rise to immediate (b)								
	requiring ding pee pee the to to		cause (a), stating the OUE TO								
	law atten has e as e as prid	NOI	enderlying cause last. 49 X (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY						
	or cate	CAT	Walyle Medelin - General	Red Menseolorocis.	PERFORMEO?						
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permits should be filed with the State Dept. of Health prior to burial, cremation, or	CERTIFICAT	20a. ACCIOENT WAS UNDERLYING 20b. OESORIBE HOW INJURY OCCUOENT (IF EITHER, NOTIFY MEDICAL EXAMINER)	DRREO, (Enter nature of Injury in Part I or Part II of Item 18.							
	HYSI he hi this etacl Dep		20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)						
	ING P 1 by th After be d State	MEDICAL	p m. 19 at work at work	ry, street, office bldg., etc.)							
	OR ATTENDING be retained by IIRECTOR: After ie 3 should be id with the Stai		21. Left My that (I) (this hospital) attended the deceased from saw the deceased alive on 1965, and that		that (I) (we) last						
	3 SE		27a. SIGNATURE	t death occurred atM, from the causes and on t	TE SIGNED						
	ITAL OR may be RAL DIRE 7, page 3 ce filed v		T. PHISICIAN'S COLLEGE M.E	ATTENOING MEO. STAFF -	18/68						
	HOSPITAL age 4 may FUNERAL rector, pa	4	MAME (Type)	ZZU. AUDRESS							
	Page - Page - directe should	234	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) NOV 20, 1968 SP JRING	Y OR CREMATORY 23d. LOCATION (City, town or could be a second	inty) (State)						
	Q	24	FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	S SIGNATURE						
	VR A15 (4) 3	(THARIES V. MOOREDEN IS	UMD OATE JAN 26 1988 WY							
	20M 1/65 J			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	the times						





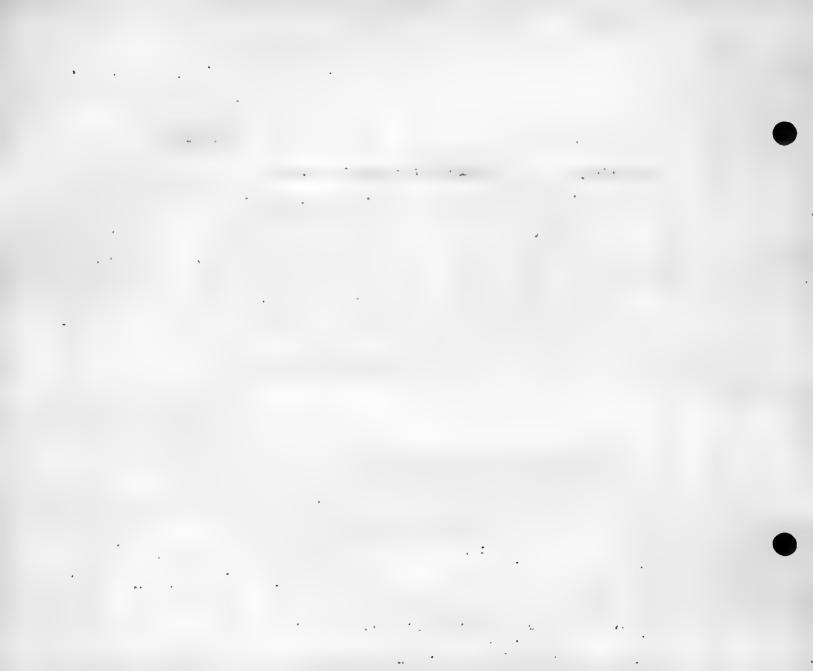


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01360 01850 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH (Type or print) Month JANUARU 6. AGE (In years last bettery) DATE OF BIRTH FUNDER 1 YEAR 3 SEX IF JNDER 24 HRS. requires that the death certificate be executed within 24 haurs after **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fu director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers (Pages) should be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 hooks after MONTHS I DAYS 70. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [Wicomico 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baseital 12a USUAL OCCUPATION/K nd of work done 12b KIND OF BUSINESS OR Salisbury General Hospi 130 USUAL RESIDENCE (Where deceased lived if institution: Residence before admissignly STATE) 13a STREET AND NUMBER YES X 14 FATHER S NAME Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no corunknipologi (Vyes give war or dates of service) 16b. SOCIAL SECURITY NO 0-01-989 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cand tions, if any, which gave) Duodena nse ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? above NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATOR 230 BURIAL, CREMATION 23b DATE mons 0 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 1968 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWNY Month 2b HOUR Day (Type or Print) ESTI-1-2-68 Edward Franklin 9 AM Savage. DEATH MATED lay i 3 to Poak 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD 2d HOURN 10-12-12 YRS 7a BiRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH countrypennsylvania be executed within 24 hours after death "pending" in pencit in Item 18. Give Pages 1, nief Medicat Examiner's Office along with farm WIDOWED [DIVORCED [USA Wicomico pages I and 2 with the State ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY give street oddress) during most of working life, even if refired) Construction Salisbury Peninsula General
13a USWAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN Constructi 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY Wicomico Bishopville I NO X 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Franklin Savage. Sr. Dorothy M. Savage Edward 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) 221-28-0250 Oliver Hitchens Selbyville. within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Crushed chest Minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 9b CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT WAS PERFORMED? YES NO 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 3 should PRIMARY OR CONTRIBUTING cremation, Tractor fell over and crushed him. CAUSE OF DEATH 21d MUURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY (At hame, farm, street, City or Town Otis Esham Farm Pemberton Drive Salisbury Wicomico Mc 22a | Certify that I taak charge of the remains described above, held an | Autopsy | X Inspection X Inquiry 👗 and in my apin an death resulted from Natural causes . Accident X Suicide [Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer(.) 1-2-68 DEPUTY MEDICAL EXAMINER X 5 may 70 FUNE Health MADDRESS(Street, city town, or county) 1,09 NAME (Type) Camden Ave. Salisbury. 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23d LOCATION (City or Town) (Caunty) Lynch's Cemetery Williamsville Jan. 24 FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI DATE JAN VR A15ME (5) Frankfort. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01852 CERTIFICATE OF DEATH 1. DECEASED-NAME First M.ddle Lost 2o. DATE OF DEATH 2b. HOUR O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) Month Tanuary 968 James 2 ma a e 3. SEX 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In Vegrs IF UNDER 24 HRS. MONTHS DAYS HOURS last birthday) April 79.7977 YRS To BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🔃 country) DIVORCED | Wicomico WIDOWED [Maryland Filled signed by the attending physician and campletely filler burial-transit permit. Then please remave carban pdr burial, crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCLPATION (Kind of work done 12b KIND OF BUSINESS OR General Hospital of working life, even if retired) nive street oddress) INDUSTRY and campletely Salisbury Peninsula 130 USUA, RES DENCE (Where deceased lived, if institution: Residence before 13s CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY Rural SES [Sussex Selbyvill el. 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle First Eva M. Savage Thomas Savage 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) (Wife) 221-12-840 Charlotte Savage APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Mulineault DUE TO, OR AS A CONSEQUENCE OF SCV Conditions, if any, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Page 4 may be retained by the haspital or aftending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed witli the State Dept. of Health prior to l 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 1-24-65, 19, ta 1-24-65, 19 saw the deceased alive an 1-24-65 19, and that in (my) (our) opinion death occurred on the da that (I) (we) last _, and that in (my) (our) opinion deoth occurred on the date and hour and fram the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE DEGREE DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Stote) 23o. BURIAL CREMATION. 23b DATE (County) REMOVAL (Specify) Mariners Bethel Ocean View.Sussex Del uraal 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV, 1/68 DATEJAN Gray Melson Frankford Watson



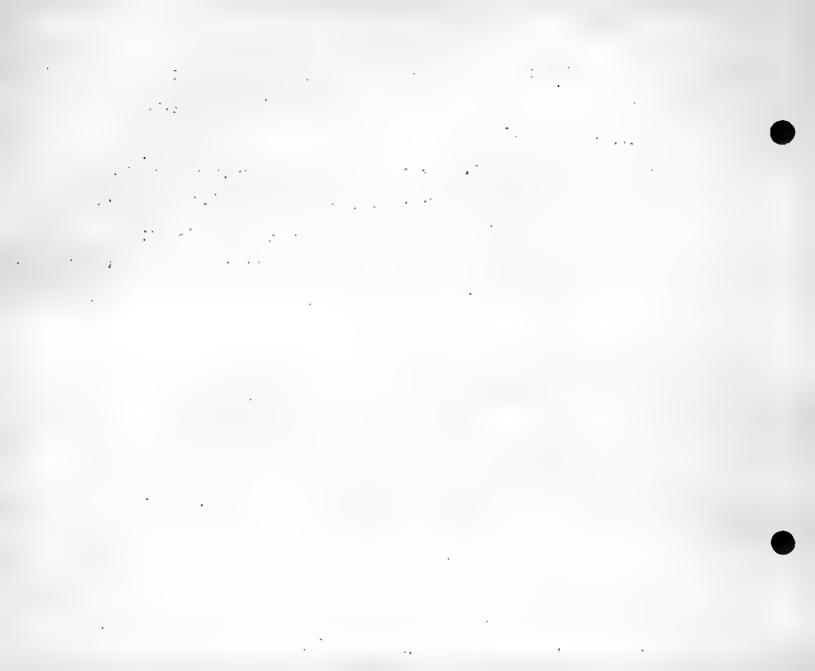
(and)	\bigcirc 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	(M)		CERTIFICATE OF DEATH						
	E TO		TEASED NAME First , Middle Lost 20. DATE OF DEATH 2b. HOUR						
	runerd runerd er dear	{1y	pe or print) Robert hee Savage January 1968 812 M						
	a de la companya de l	3. SEX							
	by by our	70. B	REMPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH						
	4 hd l in lers. 72 h	count	WILLIAM 18-5-4. WIDOWED DIVORCED WICOMICO Md.						
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	umplets ve carl event,		ISUA. RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d ASIOC CITY LIMITS? 13e. STREET AND NUMBER						
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	cert g pl	П	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))						
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	the sit poortion		Conditions, if ony, which gave (b)						
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	res red red red in t	H	lost. (c)						
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	Steel be Steel	ш	220. I certify that (I) (this hospital) attended the deceased from						
	ned NR: /		causes stated above, (I) (wa) (did) (did, nat) view the body after death.						
	A September 1		226 SIGNATURE / 226 DATE SIGNED						
	be 3	H	DEGREE PHYS DIRECTOR PHYS. W 1-10-68						
	PITAL may ERAL or, poo		22d. PHYSICIAN'S NAME (Type) David J. Gilmore 22e. ADDRESS Salisbury, Nid						
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cresshould be filed with the State Dept. of Health prior to burial, cresshould be filed with the State Dept. of Health prior to burial, cressing the state of the prior to burial, cressing the state of the prior to burial.	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) / 1-13-68 Star East Cemetery Accoma, Va.						
		24 !	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE						
	VR A15 (4) 30M REV 1/68	6	1. C. Humbles Accomat, Us. DATE JAN 15 1968 Icharles Judge						



	B.	-		D STATE DEPARTMENT O				
1		0.2064	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	01854		
•	CERTIFICATE OF DEATH							
£ 200		CEASED NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR		
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O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22d. PHYSICIAN S NAME (Type)	1105 L. Clifford	1 Media	al Genta Sou	Erbuy Mal		
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VR A15 (4)	24,	FUNERAL DIRECTOR	ADDRESS	(0 / 4 / 4	+ - / / / / / / / / / / / / / / / /	SIGNATURE (Judgle		
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle First 20 DATE OF DEATH 2b. HOUR (Type or print) Month 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS variar-rransii permit. Inen pieose remove corbon popers. Pages burial, cremotion, or removal, and in ony event, within 72 hours aft last birthday) MONTHS ! DAYS HOURS Male PHYSICIAN: The law requires that the death certificate be executed within 24 hours a in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [WIDOWED [CONALCO signed by the attending physician and completely filled burial-tronsit permit. Then please remove corbon pope 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired/ INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LMAITS? STATE 13b. COUNTY YES 7 NO 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle Last (LOTON) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMAN' Address Yes no, ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). OFTWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [₽ 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2 ic. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INTURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from _______, 1943 ____, ta______, 1943 ____, that (I) (we) last saw the deceased alive an _______, 1963 ____, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (1) (we) (dig) (did nat) view the bady after death. 22b. SIGNATURE **ATTENDING** STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a BURIAL, CREMATION (County) (State) _REMOVAL (Specify) CINN MYTH FUNERAL DIRECTOR **ADDRESS** 2So REC'D.BY VR A15 (4) SON NO NY 30M REV 1/68

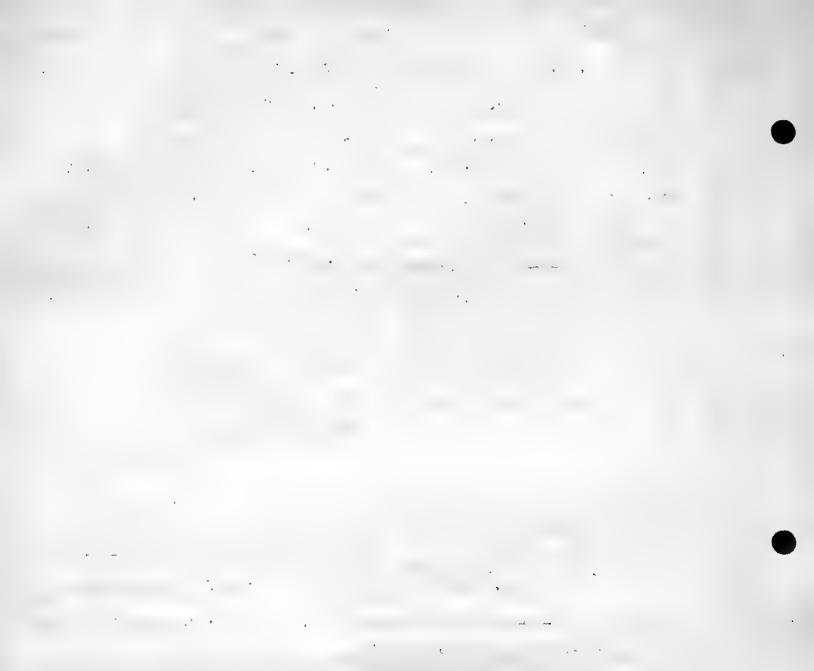




		MAKYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 0.1857
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and c remo	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
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ficate be ysician of please al, and ii		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT . C. 11 Pt 4 Address 173
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t to A set	CERTIFICATION	YES 🔼 NO 🗆 CAUSES VI DEATH
de d	물	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
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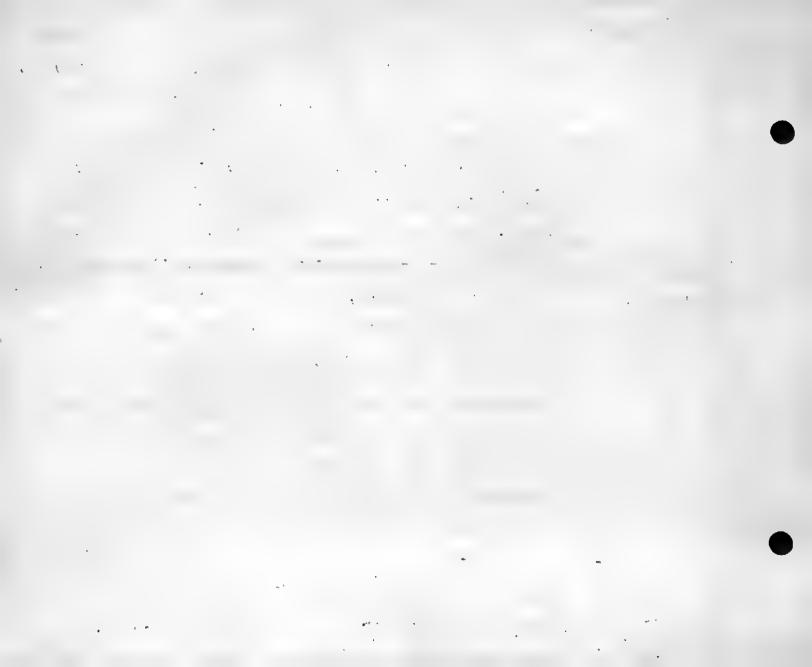
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01858 DECEASED NAME Middle Lost 2a. DATE OF DEATH First 2b HOUR death (Type or print) .Manth 88 JAMES. RICHARD SNELLING 3:25PM IF JNDER 24 HRS. ofter 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years last birthday) FUNDER 1 YEAR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician and completely filed—in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Agges shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after ZHTYOM DAVS HOURS Male White Aug. 6.1900 24.hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | Maryland U.S.A. WIDOWED 5 DIVORCED [Wicomico Md 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)
Peninsula General Hospital Unicken Farm INDUSTRY Own Farm Salsibury 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d INSIDE CITY LARTS? 13e STREET AND NUMBER WICOMICO YES 🗀 NO Sci Rt. #2 Eden Laryland 14. FATHER'S NAME First Middle inst 15 MOTHER'S MAIDEN NAME First Middle Palmer Gale Snelling Annie Smullen 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN ILS ARMED FORCES? Address Yes, no. or unknown) (If yes give war or dates of service) Mrs. Hattie West See Sec 13a Halmaun APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY ANCINOMA norths IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🔲 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from 12-17, 1967, to 1-25, 1968, that (I) (we) lost saw the deceased give on 1968, and that in (my) (aur) apinian death accurred on the date and hour and from the couses stated above, (I) (we) (did not) view the bady after deoth. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR 1-26-1968 DEGREE PHYS PRANK 22d. PHYSICIAN S NAME (Type) CARNEY 22e, ADDRESS Medical Center Salisbury, Maryland 23d. LOCATION (City or Town) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION (County) (State) REMOVAL (Specify) 1-28-1968 Salisbury, Wicomico Maryland Wicomico Memorial Park 1968 256 250 REC'D BY REGISTRAR DATE JAN 29 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) % Hill Funeral Home Salisbury, Laryland 30M REV. 1/68



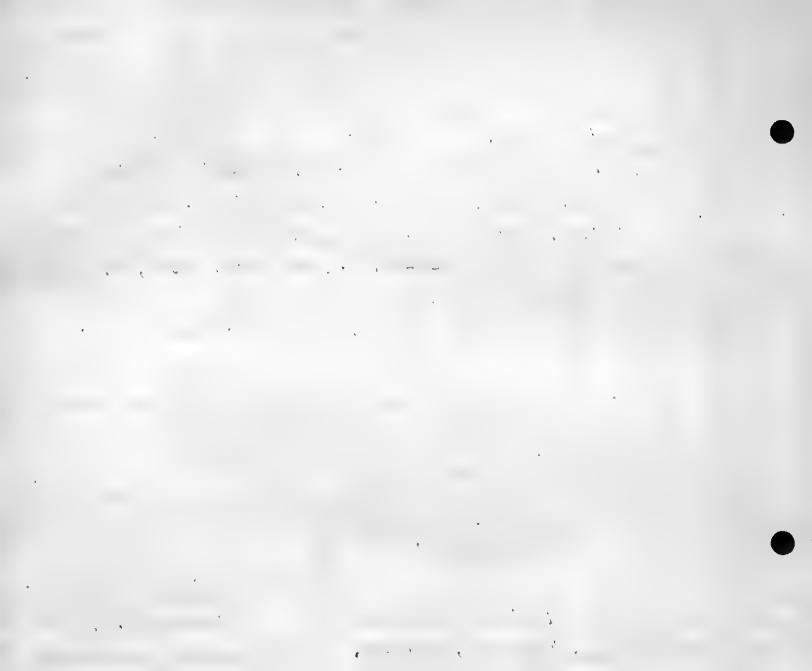
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0 00 0	3 5	M 4 RAC	W	5. DATE OF BIRTH 5-13-47	6. AGE (In years	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	2c DATE PRONOUNCED Month -11-		9 3 55A
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tCAL EXAMINER: This certificate should be executed execute the certificate, writing the ward "pending" in far. Page 4 should be farwarded to the Chief Medical Est for your files. CTOR: Page 3 should be used as a burial-transit permit Fiburial, cremation, ar remaval, and in any event within	CERTIFICATION	190. DATE OF OPERATIO	N		DITION FOR WHICH OP PERFORMED?	FRATION				UJTOPSY?
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	24	REMOVAL (Specify) FUNERAL DIRECTOR	1	-5-68 E	ADDRESS	Gt3 (c	250 REC'D BY RE	HRSUILLE,	GISTRAR S SIGNATURE	Doz,
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 91870 CERTIFICATE OF DEATH 01860 Lost DECEASED-NAME First Middle 2b HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month Elva Stephenson Mae 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR AGE (In years lost buthday) MONTHS I DAYS NOURS signed by the ottending physicion and completely filled in by the burial-tronsit permit. Then pleose remove carbon popers. Page burial, cremation, or remaval, and in ony event, within 72 hours dt Femala White Aug. 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) WIDOWED [73] DIVORCED [wicomico Jary Land completely fiffed 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Pittsville husewife Cwn Hone 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY odmissian) STATE NO T 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Colling Martha Lambert. c'met 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yas give war or dates of service) offending phys 212-10-9076 Hurica Pit.tavill APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a)-(b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if only, which gove t sclerotic rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to hos been 4201 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🗍 O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, natify medical exominer) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of work 1966, to Den 12, 1968, that (1) (we) last 22a. I certify that (I) (this hospital) attended the deceased from DC+ saw the deceased alive an Lan 10 1968, and that in (my) (evr) apinian death accurred an the date and have and from the causes stated abave, (1) we (did) (did not) view the bady after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR _DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) should ! 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION Fittsv REMOVAL (Specify) Fraunic 30M REV. 1/68 DATE



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# 7.5.#X		CEASED-NAME First ype or print)	Middle	Last	2a. DATE OF DEATH	26 HOUR
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phy phy nen nova	-	no	212-16-7		wartz, Cordova, A	APPROXIMATE NTERVA.
equires that the death ce physician. signed by the attending I burial-tronsit permit. The burial, crematian, ar remo		PART I. DEATH WAS CAUSEI	ly ane cause per line far (a), (b), and (c)	l) Thmomhaeda		BETWEEN ONSET AND DEATH
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the different artifaction		Canditions, if any, which gave		erutic Cardio - V	o oular disease	*** ~~ ~~
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OR ATTENDING De retained by the State of a should be ded with the State	П	22b SIGNATURE	1 7		224	DATE SIGNED
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HOS Be 4 FUNE Cecto	23a	BURIAL, EREMATION, 23b. REMOVAL/SPORTY 1	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City at Tawn)	(County) (State)
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VR A15(4) 30M REV. 1/68	24	FUNERAL DIRECTOR INSURUCE E. NEI	WHAM & SON, Easton	A4 2 :	D BY REGISTRAR 256 REGISTRAR S	SIGNATURE CALLER



	~	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
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€ 2€		ECEASED-NAME First		Middle	Lost	20. DATE OF DEATH		2b. HOUR
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after for the factor of the fa		emple	4 RACE Whit	E	June 1, 190	6 AGE ₹ n yer	YRS. IF UNDER 1 YEAR OF MONTHS DAYS	FUNDER 24 HRS. HOURS MIN
in 24 hours filled in by papers. P	70. cou	BIRTHPLACE (State or foreign natry) De laware	76. CITIZEN OF WHAT COL USA	WIDO)		9. COUNTY OF DEATH WICOMICO		Md
fille fille	10	ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTITUTION	(If not in hospital 120 135	UAL OCCUPATION (Kind of work	done 12b KIND OF BU	ISINESS OR
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be execution on and compare remove din any even		FATHER'S NAME First WILLIAN		DAISEY		ZABETH	HOPKI	Lost NS
rtificate ohysicia on pleo oval, on	160	WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (If yes give w NO	mr or dates of service)	OCIAL SECURITY NO. 9-03-5887	7 INFORMANT Mr. Thomas S.	Taylor (Husba	ที่ปี) Maryland	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours e haspitol ar attending physician. The certificate has been signed by the ottending physician and completely filled in by the control for use as the burial-transit permit. Then please remove carbon papers. Page Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.		Conditions, if ony, which gove nise to immediate cause (a), storing the underlying cause lost.	DBY: UTE CAUSE (o) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	neumoni onsequence of onic Ob insequence of	a structive	Emphysema	APPROXIMAT BETWEEN ONSE	
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OR ATTENDING be retained by the State e 3 should be ded with the State		22a. I certify that (I) (the saw the deceased a causes stated above	ive an 5 AA , (I) (we) (did) (did n	the deceased from 14 1968, tile the bady af	and that in (my) (aur) a er death.	pinian death occurred on t	-, 19 <u>6%</u> , that (I he date and haur an) (ma) last d fram the
OR be r		22b SIGNATURE	16/6	mit	EGREE PHYS.	MED STAFF DIRECTOR PHYS.	22c. DATE SIGNED	8
O HOSPITAL Page 4 may O FUNERAL I director, pog		22d. PHYSICIAN'S NAME (Type)	114 10 -	ith		ry, Maryland		
TO HO Page direct	230	BURIAL, CREMATION, 23b. I REMOVAL (Specify) Burial Ja		230 NAME OF CEMETERY Parsons Ce		Salisbury, Ma		(Stote)
VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR HOLLOWAY & CO	MPANY, SALI	SBURY, MARY	2So. REC'D	BY REGISTRAR 256 REGIS	TRARE SIGNATURE YOU	ege.

MAKTLAND STATE DEPAKEMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.1863Middle 1. DECEASED-NAME First 2a. DATE OF DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. (Type or print) William Bell 4 RACE S. DATE OF BIRTH 3 SEX IF UNDER I YEAR 6. AGE (In years lostabirthday) GAY5 White Oct. 31.188/ requires that the deoth certificate be executed within 24 hours 9. COUNTY OF DEATH 70 BiRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED "Naryland Wicomico U.3.A. WIDOWED | DAVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Penel risula General Hosbingalt of working if e, even if retired) INDUSTRY Salisbury Ret Mfer Fertilizer 130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY HARIES? 13b. COUNTY YES 🔀 Salisbury 712 Camden Ave. 14. FATHER S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle William Beauchar, Tilghman, Sr. Annie Bell 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. gr unknawn) Ars. W.B. Tilghman, Jr. See Sec 13 APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c))
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH a Neumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 moy be retained by the hospital or attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 2,2013 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 119b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY O HOSPITAL OR ATTENDING PHYSICIAN: HOUR A.M. P.M. OR CONTRIBUTING CAUSE OF CEATH Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from AN 2, 1968, to AN 70, 1965, that (I) (well last saw the deceased alive an 1968, and that in (my) (well applicant death accurred an the date and haur and from the causes stated above, (1) ((did) (did) view the bady after death. 22h, SIGNATUREJ 22c DATE SIGNED ATTENDING STAFF PHYS. 1-10-68 DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. Thomas C. Hill Salisbury, Maryland 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUR A., CREMATION (County) (State) REMOVAL (Specify) Parsons Cametery Salisbury, Maryland 24 FUNERAL DIRECTOR Jalisbury, harrland Hill Funeral Home 30M REV, 1/68

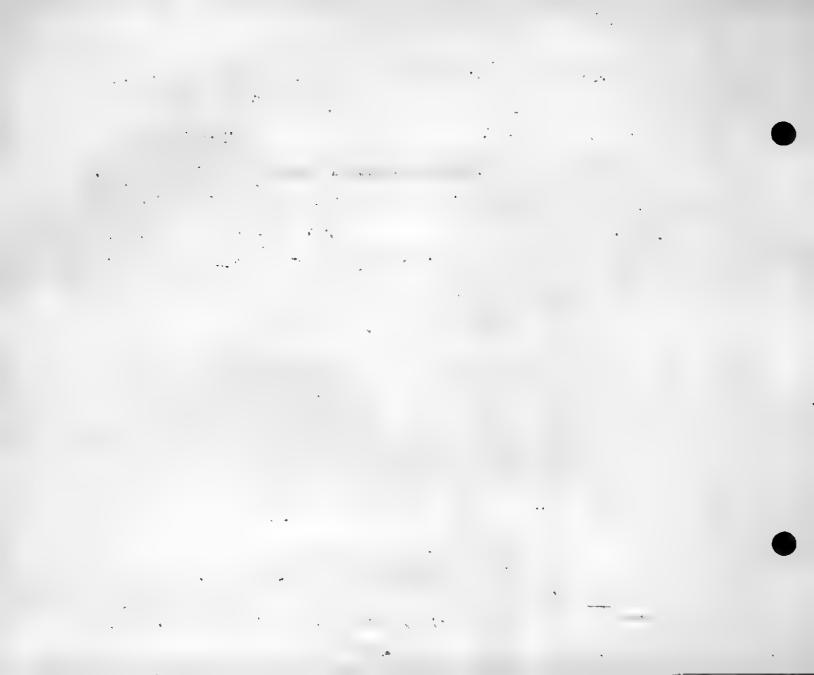
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Wicomico a. STATE b. COUNTY after Maryland Wicomico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. C1TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 15 years Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Wisomico Dursing 318 Glenn Avenue within NO Y ES executed within etely carbon NAME OF First Middle DATE Last 4. Month Day DECEASED event, XIX ALBERS (Type or print) allem Inna. DEATH 6. COLOR OR RACE 7. MARRIED SEX OATE OF BIRTH IF UNDER 24 HRS -етоуе AGE (In years | IF UNDER 1 YEAR NEVER MARRIED last birthday) | Months | White Sept 12, 1884 Female any Davs Hours and WIDOWED TO 83 DIVORCED [physician an please ruyal, and in Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Dorchester Co., Maryland USA Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova William J. Albers Catherine Keene 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) Mrs Radnor Lilliendahl, Cambridge, Md. No cremation, unk the t pe 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH igned by PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physiclan. been signer, the burial-t DUE TO Conditions, If any, which (b) rise to Immediate DUE TO cause (a), stating the has be as th prior 1 underlying cause last. 4/6 5 \ CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES [NO [this cerum detached fr 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After d be c While Not While 19 at work at work 21. Leerthy that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR say the deceased affive on and that death occurred at M, from the causes and on the date stated above. 22b. DATE SIGNED page STAFF MED M.D. DIRECTOR PHYS. HOSPITAL BITYSICIAN director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) Burial (Specify) 2 Jan 18 1968 Cambridge Cemetery Cambridge, Maryland 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland A15 (4) 20M 1/65



	11/1	MARYLAND STATE DEPARTMENT OF HEALTH	
1	2 9 / /	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.500
1		CERTIFICATE OF DEATH	01867
2	- '	1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
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	er d	3 SEX 4 RACE S DATE OF RIGHT	UNDER YEAR OF UNDER 24 HRS.
e e	, †	male White 17/8 99 last buthday) YRS. MON	THS DAYS HOURS MAN
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है : E 5.	2 hc	COUNTRY) BELA 4.5. WIDOWED DIVORCED WICOMICO	Md.
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ithii or f	意 、	Salisbury Peninsula General Hospital (27 57. Hw)	NOUSTRY RET
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be To C	. <u>=</u>	LUTHER S. WALLS LEAH CALHOUN WALLS	5
ofe icial leos	du	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no grunknown: (1 yes give wer or dutes of service) (1 yes give wer or dutes of service) (2 yes give wer or dutes of service) (3 yes give wer or dutes of service) (4 yes give wer or dutes o	_ (
AN: The law requires that the death certificate be executed within 24 hours (frer death of or ottending physicion.) icate has been signed by the ottending physician and completely filled in by the toward for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2	, oval,	Yes, po, or unknown) (It yes give wer or dates of service) 221-20-479A CORA M. WALLS GEORG	E TOWN APPROXIMATE INTERVAL
9 L	emo	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	BETWEEN ONSET AND DEATH
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The other see	E 1	TES NO.	
AN: olo	He		18.)
SICI spit errif ed	0.01	E (If either, notify medical examiner) P.M. 19	
PHYSICIA e hospital his certific	ept	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Complete Building, ETC of work of work	ounty State
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, age as the burial-transformer ones 3 shauld be detached for use as the burial-transformer.	sho	230. BUR AL COPPLATION: 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) DE L	County) (State)
		24. FUNTERAL DIRECTOR A DADRESS / 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01868 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) 50 BURRELL 4. RACE 3. SEX last-birtheay) MONTHS 7b. CITIZEN OF WHAT COUNTRY? **COUNTY OF DEATH** 70 BIRTHPLACE (Stote of foreign 8 MARRIED NEVER MARRIED Wicomico DIVORCED [**J FUNEKAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be defached far use as the burial-transit permit. Then please remave carbon paper should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72. 10. CITY OR TOWN OF BEATH 11 NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 120 USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR General Hospintan of working fe, every if retired) INDUSTRY Salisbury 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before, 13c, CITY OR TOWN 13e STREET AND NUMBER admission) STATE 13b COUNTY, 14 FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle Lost SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S ARMED FORCES? INFORMAN' Yes, nogar enknown) [If yes give wor or dates of service] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔽 Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 216 TIME OF INJURY (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF SEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram. 1-19, 1968, ta 1-23 saw the deceased alive an 1-23 and that in (my) (aur) apinion death accurred an 19 58, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23b DATE NAME OF CEMETERY OR CREMATORY (County) (Stote), 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68



_		MARYLAND STATE DEPARTMENT OF HEALTH		
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.81.00	
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ond condinony	14. !	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost		
be nor		George P. Sewell haura Gillis		
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. This certificate has been signed by the attending physician and completely fill etoched for use as the burial-transit permit. Then please remove carban poset of Health prior to burial, cremation, or removal, and in any event, within the prior to burial, cremation, or removal, and in any event, within the prior to burial.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (1) yes give wor or dates of service) Address Address		
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Star Star	П	220. I certify that (I) (this hospital) ottended the deceased from 19 , 19 , ta 4, 200 4, 1968, that (I) (we saw the deceased alive on 1968, and that in (my) (our) opinion death occurred an the date and hour and from	e) last	
R: A	L	saw the deceased alive on)m ine	
ATT ATT	L	226. SIGNATURE 22c, DATE, SIGNED		
OR ATTENDING be retained by th DIRECTOR: After t g 3 should be di ed with the State		DEGREE PHYS DIRECTOR		
AL D		22d. PHYSICIAN'S A SKULD I 22e. ADDRESS & Laxthonn & D. ()		
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5 5 5 £ 2 V	Li	REMOVALISPECTY) 1-7-68 MARDELA MARDELA MCZNI = MO)	
VR A15 (4)	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR'S SIGNATURE		
30M REV 1/68	We	ENDAM TOVEROL HOME TRACTOWN, MY, DATE LAND B 1000 MILLER		



MARYLAND STATE DEPARTMENT OF HEALTH 11581 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.1870CERTIFICATE OF DEATH 26 HOUR P Middle Last DECEASED-NAME First 2g. DATE OF DEATH (Type or print) JOSEPH FRANK (FRANKLIN) WEBSTER hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IE UNDER 24 HRS requires that the death certificate be executed within 24 hours after 6 AGE (In years last buttiday) White 1889 Male July 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED country) Maryland papers. physician and completely filled in Wicomico S director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper-sbould be tiled with the State Dept. of Health prior to bunal, cremation, or removal, and in any event, within 72 WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY Laborer - Construction the offending physician and corbon the narmit. Then please remove corbon the narmit, with Salisbury Street 13a USUAL RESIDENCE (Where deceased eved, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. (NSIDE CITY LIMITS? مر ن الرا adm ssian) STATE WICOMICO YES 🔯 Penn Street Salisbury 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle last SHOCKLEY JAMES WEBSTER MOLLEY 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO IZ INFORMANT Maryland Yes no, or unknown) Same# 18. CAUSE OF DEATH (Enter dray one cause per line/fes (a), (b), and (t)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a), signed by Page 4 may be retained by the hospital or attending physicion. stating the underlying cause last. PART 2 OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) O FUNERAL DIMICTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. ALITOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO [O HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Marth Day Year (If either, natify medica examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME EARM, STREET, FACTORY,)
DEFICE BUILDING, ETC. 21f LOCATION Street for R.F.D. No City or Town State County While Not while 22a. I certify that (1) (this hospital) oftended the deceased from _19_68, and that in (my) (our) opinion death accurred on the date and haur and fram the saw the deceased alive on Jan. couses stated above, (1) (we) (did) (did not) view the body after degree 22b SIGNATUR 22c DATE SIGNED ATTENDING Jan. 1968 DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type 652 W. Main St. Salisbury, Maryland E.A.Purnel 230 BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BEMOYAL (Spec fy) Jan. 16/1968 Turner Cemetery Nanticoke. ADDRESS 24. FUNERAL DIRECTOR 2Sq. REC'D BY REG STRAR 25b. REG STRAR'S SIGNATURE SALISBURY, MARYLAND DATE JAN & COMPANY 30M REV, 1/68 HOLLOWAY

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requires that the death certificate be executed within 24 hours after death.

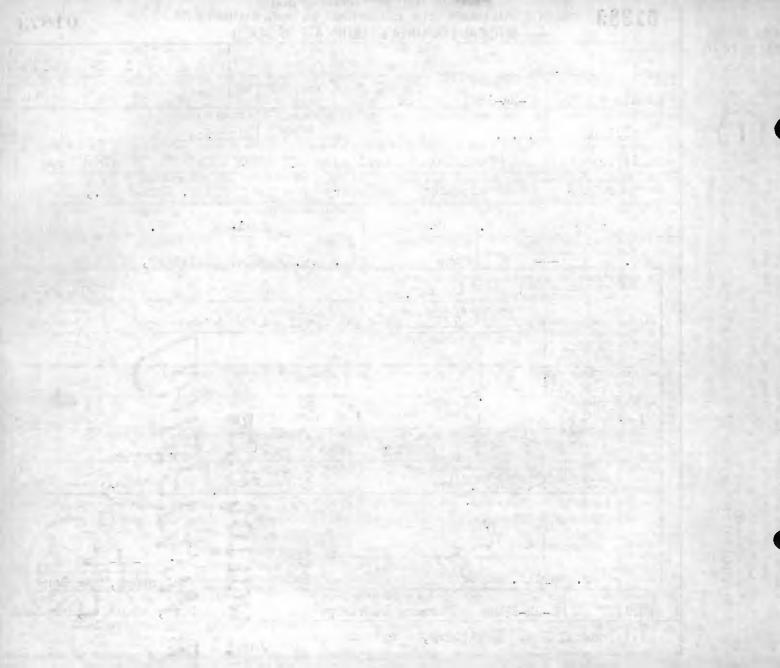
MAKYLAND STATE DEPARTMENT OF HEALTH

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	Item 5 Film G396 1/18/68 kk CERTIFICATE OF DEATH									01872		
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o/	14.	ATHER'S NAME First Hen	ry Peter	Last	15.	MOTHER'S MAIDEN NAI		2 Robert	Middle 3		Lost	
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	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. P.M.	Manth Day Year	,	W INJURY OCCURRED (of injury in Part 1	or Part 2, It	tem 18.)		
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		22a. I certify that XI) (the saw the decaased al causes stated phove	s hospital) atte ive an Janu (I) (we)(did)	ended the decease ary 5	od fram <u>Ma</u> 900 , and bady after de	y 24 , 1 that in (my) (aur) eath.	apınian d	eath accurred	2 5, 19 an the dat	te and havr o	(I) (we) last and fram the	
		22b SIGNATURE	Mil	dees	DEGRE	ATTENDING -	MED. DIRECTOR	STAFF PHYS.	Ä	ATE SIGNED 1/5/68		
		22d. PHYSICIAN'S NAME (Type) L.	V. Maldv	e, M. D.		22a. ADDRESS Deer's H				f aryland Salist		
R			an. 8	23c NAME OF Woodla	wn.			LOCATION (City or Baltimo.	re. Me		(State)	
68	24.	FUNERAL DIRECTOR	Land	Church H	ill, Me	de 25g. REG	D BY REGIS		REGISTRAR S		gre ;	



MAKTLAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH 01384 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01874 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME Middle Los1" (Type or print) ANUAR burial transit permit. Then please remove carban papers. Pages Lourial, cremotion, or removal, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours offer last birthday) MONTHS DAYS in by the 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Wicomico WIDOWED [DIVORCED Md. and completely filled IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hosbie al of working life, even if getired INDUSTRY Salisbury remove carban 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1.13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Sussex Del YES NO [Millsbor 15. MOTHER'S MAIDEN NAME First Middle ILLiams physicion o 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? Page 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. be detoched (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 220. I certify that (1) this haspital) attended the deceased fram_ 19 62, and that in (m) (aur) apinian death occurred on the date and have and from the saw the deceased olive on-3 should causes stated above (ID) (we) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE-SIGNED. DIRECTOR 22d. PHYSICIAN'S) NAME (Type) 22e. ADDRESS 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Millsboro Cemetery illsboro REGISTRAR'S SIGNATURE EUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 Millsbara DATE JAN 2 2 Charlen

ACCOUNT OF THE PARTY OF THE PAR EL SIO a to be a first that the state of the state E-25 (44-1) (44-1) noimani. Salisbury Panicaula (energy Houndfall Translated Vindalisa AND THE RESERVE OF THE PROPERTY OF THE PROPERT Thinks The Tone of Philannia and the second the part of the state of the st ALTO CARROLL CONTROLLED FOR THE PARTY OF THE y - is all later as in a